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The newsweekly for pharmacy

January 28, 1995



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4.5pc but no
deal for April**

**Tagamet mailing
excites Council**

**Time up for
faxed scripts?**

**Licensing what
comes naturally**

**Glaxo in £8.9bn
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PRODUCT INFORMATION

BALNEUM* Bath Treatment **Active Ingredient:** 84.75% w/w soya oil. **Uses:** For the treatment of dry skin conditions, including those associated with eczema and dermatitis. **Dosage:** For a full bath - 3 capfuls. For a child's bath - 1 capful. For a partial bath in a bowl or sink - 1/2 capful. **Contra-indications, warnings, etc.:** Balneum should not be used for the treatment of patients sensitive to any of the ingredients. **Incompatibilities:** None stated. **Pharmaceutical Precautions:** No special requirements. **Legal Category:** GSL. **Package Quantities:** Bottles of 150ml. **Product Licence Number:** PL 0493/0064. **Product Licence Holder:** E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. **Date of Preparation:** January 1995. **R.S.P.:** £4.75.

BALNEUM* PLUS Bath Treatment **Active Ingredients:** 82.95% w/w soya oil BP, 15% w/w laurumacrogols. **Uses:** For the treatment of dry skin conditions including those associated with eczema and dermatitis where pruritus is also experienced. **Dosage:** The bottle is to be shaken before use. For a full bath - 3 capfuls. For a child's bath - 1 capful. For a partial bath in a bowl or sink - 1/2 capful. **Contra-indications, Warnings, etc.:** Balneum Plus should not be used for the treatment of patients

sensitive to any of the ingredients. **Incompatibilities:** None stated. **Pharmaceutical Precautions:** No special requirements. **Legal Category:** GSL. **Package Quantities:** Bottles of 150ml. **Product Licence Number:** PL 0493/0137. **Product Licence Holder:** E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. **Date of Preparation:** January 1995. **R.S.P.:** £5.25.

UNGUENTUM MERCK* Cream **Ingredients:** Silicic acid, liquid paraffin, white soft paraffin, cetostearyl alcohol, polysorbate-40, glyceryl monostearate, saturated neutral oils, sorbic acid, propylene glycol, sodium hydroxide, purified water. **Uses:** For the symptomatic treatment of eczema, dermatitis, nappy rash, ichthyosis, protection of raw and abraded skin areas, pruritus and related conditions where dry, scaly skin is a problem. **Dosage & Administration:** A small amount of cream should be rubbed into the affected area of skin as often as necessary. **Contra-indications, Warnings, etc.:** Unguentum Merck should not be used for the treatment of patients sensitive to any of the ingredients. **Incompatibilities:** None stated. **Pharmaceutical Precautions:** No special requirements. **Legal Category:** GSL. **Package Quantities:** Tubes of 60g. **Product Licence Holder:** E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. **Product Licence Number:** PL 0493/0013. **Date of Preparation:** January 1995. **R.S.P.:** £4.35. *Trade Mark.

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EDITORIAL

Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS
Assistant Editor/Beauty Editor: Liz Jones, BA
Contributing Editor: Adrienne de Mont, MRPharmS
News Editor: Ailsa Colquhoun, BSc
Technical Editor: Maria Murray, MRPharmS
Business Editor: Jackie Blondell, BA
Reporters: Marianne Mac Donald, MRPharmS
Fawz Farhan, MRPharmS
Art Editor: Tony Lamb

Price List Controller: Colin Simpson

ADVERTISING

Advertisement Manager:
 Ian Gerrard
Deputy Advertisement Manager:
 Julian de Bruxelles
 Doug Mytton, Martin Smith
Production: Katrina Avery
Advertisement Director:
 Frances Shortland

PUBLISHER

Ron Salmon, FRPharmS

PUBLISHING DIRECTOR

Felim O'Brien

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Comment

It's the time of year when PSNC and the Department of Health square up for their annual tussle over pharmacists' pay for the coming year. PSNC has opened the campaign this week, making effective use of the pharmaceutical press to lambast the Department for failing to respond to its claim, lodged at the beginning of December. There is little original in what PSNC is asking for. The Department might dispute its bid for a 4.5 per cent increase in the global sum and new money for new roles, but there are some facts with which it cannot argue. The first is that community pharmacists' gross profit is in rapid decline. The second is that, once more, there will be no pay settlement in place by April 1. At least the Department has come clean early on this score, blaming its own internal upheavals for the delay, although this is scant consolation to pharmacists who have businesses to run. The third is that in spite of repeated inquiries from PSNC the Department has refused to say what will happen about the interim professional allowance for pharmacies dispensing between 1,000-1,500 items a month. PSNC has campaigned hard to make the allowance (which is due to finish at the end of March and could cut some small contractors' income by 20 per cent) a permanent feature.

The Committee probably remembers all too clearly the accusations of two years ago that it was selling small contractors down the river, and the publicity whipped up by the Pharmacy Support Group.

So far PSNC is ahead on points. It should get an offer in time to allow it to reach a consensus in time for the LPC conference in early March, allowing contractors to be fully briefed on the likely level of settlement. One benefit (if that is the right word) of a late offer from the Department is that the Doctors and Dentists Review Body should have made its recommendations by the end of February. This could give PSNC more ammunition if yet again the Department offers less to pharmacists than to the other health professions. But as always, in the end, the Department has the power of imposition. PSNC's parliamentary lobby appears to be growing, however, and, with a Government which has a steadily slimming majority, should become increasingly effective. The Department says the pharmacy pay package is still in a transitional phase, moving towards a single-tier fee and more devolved payments via local authorities in 1996. With this in mind, its offer to PSNC might be more evolutionary than the Committee perhaps anticipates.

Pay deal unlikely by April, says Jeremiah

The Department of Health is unlikely to make a formal pay offer to contractors in England and Wales before the next meeting of the PSNC on February 14. In consequence, "it is reasonable to assume that a settlement will not be in place by April 1", says DoH undersecretary Melvyn Jeremiah.

He blames the delay on the internal reorganisation at the Department. "The intention has been to bring into effect the reorganisation of my branch before engaging with the PSNC on pay," he says.

The Department is still considering what shape the 1995-96 package ought to be, bearing in mind the move to a single-tier dispensing fee and the wish to move rapidly towards devolution to local budgeting in March, 1996.

"These requirements are making us think very hard about the shape of this year's package," says Mr Jeremiah.

He says the Department is still undecided on the fate of the interim professional allowance, which is due to be wound up at the end of this financial year.

The PSNC is up in arms over the delay. Community pharmacists in England and Wales have no idea what their NHS income will be in the coming financial year, making any business planning difficult.

"Year by year the offer is being made later and later," says PSNC chairman David Sharpe. "In the past we might have expected to see an offer by December."

Department officials have been told that the Committee is "particularly concerned at the cavalier treatment being meted out to chemist contractors", he says.

The Committee has still had no answer to its representations on the interim professional allowance. "Contractors in this band could face a cut of 20 per cent in their income if it is scrapped," says Mr Sharpe.

• The PSNC's lobbying of some 90 MPs last year to persuade them of the need to maintain the professional allowance for small pharmacies is bearing fruit.

Dafydd Wigley (Plaid Cymru) is the latest MP to raise the matter. In reply to a question in the House of Commons last week, the health minister, Gerald Malone, said there have been a further seven representations about the graduated transitional payment. "This is a matter which we expect to discuss with pharmacists' representatives in the forthcoming pay round," he said.

PSNC seeks 4.5pc rise in 1995-96 global sum

Pharmacy negotiators for England and Wales have put in a claim for a 4.5 per cent increase in the global sum for 1995-96 to the Department of Health. This would boost the global sum from its 1994-95 level of £655.3 million to £684.8m.

Pharmacy contractors face a forecast increase in costs in the coming year of between 3-4 per cent, says the Pharmaceutical Services Negotiating Committee, in addition to an expected increase in prescription volume

of 3.6 per cent.

Contractors' productivity over the past few years has never been fully reflected in the global sum, says PSNC chairman David Sharpe in a claim sent to the DoH in December.

Financial attrition in recent years has seen average core gross profit falling from 23.1 per cent in 1987-88 to a forecast 16.5 per cent for 1994-95, and "this situation must be addressed", says Mr Sharpe.

The PSNC is also seeking to

increase advance payments to contractors from 80 per cent to "at least 95 per cent" from April 1, and insists that this extra money must not be deducted from the global sum.

The Pharmacist Review Panel has supported PSNC's case. "In our view the DoH is not meeting the spirit of the Government's own guidelines on prompt payments," says Mr Sharpe.

The PSNC insists that community pharmacists are willing to play their part in the development of primary care services, but says it is totally unreasonable to take money from existing dispensing fees to fund new roles.

"New roles should be funded with new money, and we expect that additional monies will be found to fund advice to nursing homes, which is included within the roles being discussed at local level for 1995-96," says the Committee.

Although detailed fee changes will be discussed once the global sum has been finalised, PSNC is seeking change in two areas:

- the expensive prescription allowance of 1 per cent is totally inadequate, says the Committee. A 2 per cent allowance "would help alleviate the problem"
- interim payments for contractors dispensing between 1,000 and 1,500 items a month should become a permanent part of the professional allowance.

SPGC hopeful of offer soon

The Scottish Pharmaceutical General Council is optimistic that the overdue pay deal for 1994-95 will be revealed "very, very soon".

According to SPGC chairman Andrew Taylor, discussions with the Scottish Office of the Home and Health Department should result in an announcement

before the end of February.

Although the offer appears late, Mr Taylor notes that historically Scottish pay deals have been settled at this time. There has not been any real dispute with the Scottish Office, he says, anticipating an offer similar to the 2.3 per cent increase in global sum seen in England and Wales.

Sharpe writes to Bottomley

David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, has written to health secretary Virginia Bottomley expressing his concern over dispensing doctor activity in Hertfordshire.

Hertfordshire-based pharmacist Ralph Lightstone, already on the family health services authority's pharmaceutical list, applied to open a second pharmacy in the village of Watton-at-Stone last October. Despite opposition from local dispensing doctors, the FHSA granted preliminary consent (see C&D December 24/31, p988). However, Mr Lightstone withdrew his application this week, in the face of threats made against him and the pharmacy, if and when it opened.

Mr Sharpe has now brought the matter to the attention of Mrs Bottomley in a letter which complains of the doctors' campaign to incite local people into opposition against Mr Lightstone.

He urges Mrs Bottomley to make it clear to the General

Medical Services Committee that she deplores such intimidating campaigns by GPs and asks her to ensure similar tactics are never again used by doctors elsewhere.

"What has happened in this case is contrary to the best interests of patients and the NHS," he says.

Forty-plus pharmacies faxing scripts

A survey of pharmacies in England and Wales has revealed the existence of at least 89 non-contract pharmacies, of which 40 are reported to be transferring NHS scripts.

Eighty-nine LPCs out of a possible 98 responded to a survey by the PSNC. Secretary Steve Axon points out that these are minimum figures since not all LPCs responded, and there may be non-contract outlets in some

areas that the LPCs are not aware of.

Health minister Gerald Malone wrote to the PSNC on January 9, saying he is aware that there is considerable strength of feeling in the profession about the handling of NHS prescriptions by non-contract pharmacies.

He assures the Committee that its concerns will be borne in mind if changes are being made to the control of entry regulations.

Distribution of non-contract pharmacies

No of non-contract pharmacies	No of FHSA's	No of non-NHS pharmacies	No of non-NHS pharmacies transferring NHS Rx		
			None	Transfer	Don't know
0	37	0	N/A	N/A	N/A
1	30	30	15	11	4
2	14	28	11	13	4
3	3	9	6	3	0
4	3	12	7	5	0
5	2	10	2	8	0
Totals	89	89	41	40	8

Infacol recall

Pharmax is recalling six batches of Infacol 50ml, following evidence of some microbial contamination. The following batches should be removed from sale: 41616, 41617, 41618, 41619, 41719, and 41720. Tel: 01322 550550 ext 325 for details.



NHSE throws cold water on PBM move

The NHS Executive is advising health authorities and GP fundholders not to sign deals which link prescribing to a specific company's products.

The letter to NHS managers says that pharmaceutical companies have been offering disease management packages or similar deals for the preferential purchase of drugs. Much of the

thinking stems from pharmaceutical benefit management schemes in the US, in which a company offers support services and financial discounts in return for which it receives an exclusive supply agreement.

The letter adds that, in principle, the Executive does not oppose collaboration between companies and the NHS, but

further discussions are needed before any agreements can be contemplated.

The agreements could infringe competition law, breach confidentiality and even undermine the Pharmaceutical Price Regulation Scheme. Local deals could also distort discount clawback and reimbursement arrangements.

Tagamet mailing evokes action from Council

The Council of the Royal Pharmaceutical Society is to look at the promotion of product- and patient-specific pharmacy only medicines, following an outcry over a recent Tagamet mailing.

The Smithkline Beecham mailing was specifically targeted at 250,000 indigestion sufferers, highlighting the brand and preparing sufferers for a pharmacist's questions. It is understood that this is the first time that such a specific promotion has been conducted.

Pharmacists were told of the mailing via a simultaneous trade mailout. Although the leaflet promotes the pharmacist's advisory capacity and does not contain any information outside Tagamet's licensed indications and uses, Manchester pharmacist Nicola Gray questions where the mailout leaves the pharmacist.

"I believe it is setting a precedent. Somebody is going to come in and wave this leaflet at me. Tagamet is a dangerous drug and this leaflet undermines the pharmacist's ability to make a professional judgment," says Ms Gray. It may also encourage consumers to dodge a pharmacist's questions, she says.

Concerned over the ethics of such an initiative, the RPSGB's

law and ethics department is to examine patient- and product-specific promotions at its next Council meeting.

Sue Sharpe, director of legal services at the Society, says: "The question is whether patient-specific promotion of an OTC product is something that the profession would regard as desirable.

"The leaflet itself is very good; it reinforces the importance of talking to a pharmacist. But as a development, promotional material that is so patient- and

product-specific is something that the Society's law and ethics division will be looking at.

"There is a 'concern that de-POMed medicines which have been aggressively promoted may be leading to inappropriate self-medication. The more information that goes direct to consumers, the more risks there are," she says.

Smithkline Beecham says that it is "delighted that the Royal Pharmaceutical Society has acknowledged the appropriateness of the campaign".

DoH looks to pharmacy for yellow card input

If the yellow card reporting rate does not improve, then input from community pharmacists will be considered, the Department of Health has now confirmed.

A DoH spokesman for the Committee on the Safety of Medicines reveals that the current decline seen in yellow card adverse drug reactions reports was "substantial" and was causing it sufficient concern to consider other avenues. One of these would be community

pharmacy, she says.

A recent report from the Committee showed that yellow card reports had fallen 12 per cent between 1992-94 from 20,161 to 17,698. It has also been stated that only 10 per cent of adverse reactions are reported.

"At the moment the responsibility rests with GPs. But if it [the decline] continues, and there is no evidence that the reporting rate is going up, then other avenues will have to be looked at," says a spokesman.

Methadone fee for Glasgow?

Pharmacists within the Greater Glasgow Health Board area could soon be seeing payment for supervising the dispensing of methadone.

The Board's chief administrative pharmaceutical officer, Dr Howard McNulty, has revealed that funds for a supervision service fee are available and that discussions with the local Chemist Contractors Committee will hopefully result in a pay deal before the end of the financial year.

Exact details on how much money and how many pharmacies will be involved are, as yet, unavailable. Some estimates place the number of potential participants in the scheme at over 80.

Compared with the rest of Scotland, Glasgow has been slow to set up methadone prescribing programmes, only coming on board in October, 1993.

However, community pharmacy participation in methadone administration has been encouraged since January, 1994 and, due to the extent of the drug addiction problem in the area, pharmacists' role in meeting demand levels is increasingly being understood.

"The doctors involved [recognise] that supervision of methadone administration is an integral part of the programme and that existing services are not able to cope with the problem levels that we have," says Dr McNulty.

New service standards for hospital pharmacy

A schedule of service standards in hospital pharmacy care has been published by seven organisations representing hospital pharmacy and pharmacists. The seven-point schedule is intended to complement existing standards in hospital pharmacy services, including those incorporated in the code of ethics of the Royal Pharmaceutical Society.

The standards for good pharmacy practice in hospital care cover: suitability, availability and quality of medicines; assessment of pharmaceutical care needs; dosage, delivery and duration; patient monitoring on an individual basis; staff training and practice research; provision of evaluated, independent drug information; and continuity of care across the primary/secondary care interface.

Milk token scheme put back to 1996

A national welfare milk scheme through pharmacies will not be in place this year, according to the Pharmaceutical Services Negotiating Committee.

"We are now looking at a national scheme by April 1, 1996," says PSNC financial executive Godfrey Horridge. "This suggests interim local schemes might be back on the agenda."

The Department of Health has been asked as a matter of urgency to increase funding for local schemes until a national one is

established. Many local initiatives have run into trouble when funding through health authorities has dried up.

This latest development comes after a meeting with the DoH was cancelled last week. An internal review of the scheme indicated it would not be in place by this April.

Negotiations reached an impasse before Christmas (C&D December 24/31, p987) over the fee deal which would have given pharmacists just 30p over the cost price of the infant formula.



During a recent visit to the North West region, health minister Gerald Malone visited the Cytotoxic Drug Reconstruction Unit at Christie Hospital, Manchester, where manager Andrew Goldney (left) showed him how drugs tailor-made to cancer patients' individual needs are manufactured from constituent parts. During the visit, Mr Malone unveiled a new £1 million primary care resource centre in Salford, one of three such centres in Greater Manchester. These have been funded by a £9.4m regional grant

PSNC to remain at 25-strong

The Pharmaceutical Services Negotiating Committee has dropped a recommendation from its constitutional working party that its size be cut from 25 to 16 members. The working party had proposed cutting down the number of NPA nominees from five to two, and the number of regional representatives from 15 to nine.

Nor has the PSNC adopted wording which would have seen it representing "the general body of pharmacy contractors in England and Wales" (C&D January 21, p81) rather than "the interests of all NHS pharmacy contractors".

PSNC has decided, though, that all the committee members should have deputies.

Other changes recommended by the working party were:

- a new Section 3.9 to be added to the constitution to reflect the duty of PSNC to advise LPCs in local negotiations
- terms of office to commence on April 1 in line with LPCs
- PSNC represents contractors so it was not thought appropriate for there to be employee places
- a proposal to establish a PSNC regional structure to support LPCs was abandoned since the benefits would not outweigh the annual estimated cost of £200,000
- a proposed LPC model constitution was set out. Nine-person LPCs are encouraged to opt for a membership of 15 and should be required to hold an annual meeting
- proposals that PSNC should become a limited company (like the GMSC) were rejected
- proposals that PSNC should publish full reports of its meetings were rejected
- observers should be able to attend PSNC meetings.

LPCs will be given a chance to debate the working party report at March's LPC conference at the Queen Elizabeth II Conference Centre in London. This is a two-

day event starting on Sunday, March 4, and winding up with the PSNC dinner on Monday evening.

Reports from the working parties looking at the constitution and compensation for small pharmacies facing closure will be debated on Sunday afternoon, even though LPCs

have no power to alter any decisions PSNC might make.

PSNC's written response to both reports will be circulated for consideration well before the meeting. The closing date for resolutions is January 31. The conference agenda should be sent out early in February.

PSNC challenges OFT

PSNC has taken legal advice which suggests it may be exempt from aspects of the restrictive trade practices legislation. This would allow it to advise LPCs on pricing of pharmaceutical services. PSNC is awaiting the Office of Fair Trading's response.

Pharmacy history

The London School of Hygiene and Tropical Medicine is to conduct a two-year socio-historical study of British community pharmacy between 1911 and 1986. Pharmacists wishing to contribute should write to the School's research fellow, Stuart Anderson.

Price Service

In the December 24/31 price supplement, the 'chesty cough' flavour (PIP Code 012-3224) of the Hill's Balsam pastilles was shown in error as being deleted. We apologise for any inconvenience caused.

MPs back ban

Over 50 MPs have backed a

parliamentary motion calling for Government to implement an immediate, nationwide ban on animal-tested cosmetics.

Prescribing schemes

There is a much confusion among non-fundholding GPs over the scope of prescribing incentive schemes, an NOP Research Group study of GPs reveals. One-third believe they cover all drugs across all therapies and one-fifth are unable to cite which disease area or drug categories are included.

Pharmacies needed

GPs' contractual obligation to issue NHS prescriptions rather than advise a cheaper, private or OTC alternative underlines the need for pharmaceutical services, especially in rural areas, says the Rural Pharmacists Association.

GP purchasing

The number of projects under which GPs purchase all hospital and community health services for patients will double to 50 in April.

Pharmacists not consulted on FP10 re-design

The Pharmaceutical Services Negotiating Committee has not been consulted on April's FP10 re-design, and admits it has not seen any drafts of proposed changes.

"We will be pursuing the matter with the Department of Health, but it's probably unlikely we will be consulted in any depth," says PSNC's assistant secretary, Dr Gordon Geddes.

Although the DoH is playing coy with what form the re-design will take, it is anticipated that all patients will have to sign the back of the form, indicating either their exempt status or confirming script payment. "Is it to be signed in the same place? That will make it difficult to decide between chargeable and exempt," comments Dr Geddes.

A DoH spokesman would only confirm that changes to the FP10 are being "considered" and that an announcement will be made shortly. He could not say whether an April introduction is on the cards, but at an Audit Commission conference last week (see below), Mike Siswick of the NHS Executive announced: "We are now re-designing the back of the form [FP10] and will be introducing it in April."

NHS workers fundamentally honest

The majority of people working in the NHS are diligent and honest, was the message which came out of last week's Audit Commission conference.

"Proven fraud equates to 1p per £100 spent, but that should not lead to complacency," said Brian Marsden, deputy director of finance at the NHS Executive, speaking at the conference —

'Protecting the public purse: ensuring probity in primary health services'.

"Control systems are weak, especially where it involves self-certification by the contractor," he added. The preferred option is for independent external audit by the Audit Commission.

Philip Lobb, director of audit for the Prescription Pricing

Authority, described the analysis of 47 cases of investigations carried out in 1993/94. Ten were for excessive urgent call-out fees, six for excessive prescribing, four for drugs for export or personal use, three for oxygen mileage, three for incorrect endorsements, three for selling FP10s, two for exemption declarations and 16 for 'other' irregularities.

NPA's computer use survey

Pharmacy-specific programmes apart, accounting is the next most popular function for pharmacists' computers, says the National Pharmaceutical Association, which has recently completed a survey into the subject.

The Association's questionnaire asked a representative sample of NPA members what alternative uses they had for their computers, other than pharmacy operations. Answer options provided on the questionnaire included accounting, database processing and the compiling of spreadsheets.

The Association conducted the survey with a view to reviewing its own computer product portfolio.

Although full results will only be available after the next Board meeting, the NPA says that over half of respondents said they used their computers for other, non-pharmacy work. NPA business services manager Trefor Williams says he was surprised that such a high number of respondents used their computers for alternative purposes.

Audit feedback 'generally good'

Feedback from pharmacists, following one and half months of self-audit of community pharmacies throughout England, has generally been positive, according to the Royal Pharmaceutical Society's audit fellow, David Pruce.

The model for self-audit, which was released at the end of November (C&D October 15, p608), takes in nine areas of pharmacy activity: the dispensing process, written and verbal information with dispensed medicines, purchasing and stock control, guidance for relief pharmacists, premises and equipment, health promotion, domiciliary services, residential and nursing homes, and response to symptoms.

Although it is still too early to gauge the response from those who are already experienced in self-audit, initial feedback from newcomers to the scheme has been good. "They think it has been helpful," comments Mr Pruce.

The Department of Health is still discussing possible participation in the self-audit process with both Scottish and Welsh pharmacists.



A suitable case for treatment

I wonder whether the still uncollected private prescription I am holding for mefloquine tablets is a portent for the future. Soon mefloquine is to be the prophylactic anti-malarial of choice for 60 countries worldwide (C&D Prescription Specialities, January 21) at which point my only advice to inquiring travellers will be to see their doctor.

I anticipate the medics will quickly get their act together and have pre-printed prescriptions for mefloquine, but this is a POM and so should only be prescribed individually after considering the proper balance of risk. Certainly, if the patient is pregnant, psychiatrically disturbed or subject to fits, it is contra-indicated. And then there is the cost. Even compared with chloroquine and proguanil it is expensive and, from the comments of customers over the last few months, they consider those extra pounds can be the straw that breaks the camel's back of an already expensive holiday.

The combined difficulty of

supply and perceived expense will stop some people from taking mefloquine and either taking not so effective regimens, or playing Russian roulette by not taking anything at all. Mefloquine does require great care in its prescribing but, if a full OTC prophylactic pack was produced, backed by a comprehensive pharmacists' training manual, then I would confidently assume the responsibility for its sale.

The pharmacy is the natural source of travellers' advice and the availability of proper malarial prophylaxis is an essential component of that service. I am sure that, if the inquiry, advice and sale is made at a single visit, then most customers would take the recommended prophylaxis. Once the traveller is sent to the doctor for a prescription, perhaps armed with the knowledge of its cost, then second thoughts will set in and risks will be taken, which must increase the incidence of tourist-contracted malaria.

POM to P's power to pharmacy elbows

There has seemed to be an explosion of drugs being deregulated from POM to P, and I am revelling in my new-found freedom to recommend products based on sound therapeutic principles. Some of the reclassifications have been accompanied by massive consumer advertising designed partly to usurp the pharmacist's intervention. But, whereas advertising is rarely sustained, I am always available to pour oil on the troubled waters of even the most excessive requests.

Not all switches have lent themselves to these concerted advertising campaigns but have relied on the pharmacist's recommendation to build their market. When Buscopan was re-classified, I was pleased to have available another very useful drug. That confidence

has been justified by many a grateful patient, and my sales have steadily climbed until my role has expanded to include the counselling of repeat users.

This is the type of professional satisfaction I enjoy and, with the latest batch of changes recently announced, (C&D January 21, p80), I anticipate further movement towards this method of marketing. Given the right products, I know I can make them a success, and with every effective new treatment, the public's confidence in using community pharmacy as their first port of call will increase. If in so doing, my reliance on counter medical sales increases against prescribed medicines, I will have few complaints!

Grocery GSLs: to display or not ...

I recently read about my own success from a rather unusual source. The article had been written by Crookes Healthcare and reproduced for *The Asian*, a magazine aimed at Asian independent retailers. The praise came in the acknowledgement that 51 per cent of respondents would now 'ask their pharmacist' about their sore throat in preference to seeing their doctor.

Praise indeed, but Crookes then proceeded to encourage its grocery readers to capitalise on this self-medication awareness and exploit the market by trading up to more medicinal products.

It is always a revelation to read grocery-orientated magazines, and this article is probably no worse than similar contributions by other large OTC medicines manufacturers. But the lesson is glaringly obvious. If Crookes wishes to promote its GSL medicines in grocery, that is its privilege, but I do not have to display them when I am able to fill my shelves with P medicines and other products not found on supermarket shelves. I consider a vilification campaign against Crookes is totally unjustified but, when its rep next asks me why Strepsils have lost their prominence in my display, I will point him towards my nearest drug store competitor.

Topical REFLECTIONS

Medical matters

Naltrexone for American alcoholics

Naltrexone, the narcotic antagonist, has been approved by the Food and Drug Administration in the US as a treatment for alcoholism as part of an appropriate management plan for the addiction.

The drug, manufactured by DuPont Pharmaceuticals and marketed in the US as Revia, is said to reduce the pleasure and craving for alcohol resulting in significantly increased abstinence rates.

Studies have found that patients treated with Revia were approximately twice as successful at abstaining as those treated with placebo. Of those patients who did relapse, almost twice as many of the placebo-treated patients returned to heavy drinking compared with Revia-treated drinkers. The company stresses that the drug is an

adjunct to counselling and not a replacement for it.

Revia, available in 50mg tablets, is recommended as a once-daily dosage for this indication.

In the UK, naltrexone (Nalorex) is licensed for maintenance therapy in detoxified heroin addicts. DuPont Pharmaceuticals

in the UK says clinical studies are under way in Europe to support an application for marketing authorisation of the product as a treatment for alcoholism in Europe.

An estimated 13.5 million Americans are afflicted by alcohol abuse or dependence.

Too many ACE inhibitors?

Three angiotensin-converting enzyme (ACE) inhibitors — captopril (Capoten), enalapril (Innovace) and lisinopril (Carace, Zestril) — should be enough to cover all indications, offering relatively simple regimens at acceptable cost, says the Consumers' Association in the latest *Drug and Therapeutics Bulletin*.

Nine ACE inhibitors are

available, but the report says that where comparisons can be made there is little to distinguish between them in terms of efficacy or safety. The others are: ramipril (Tritace), quinapril (Accupro), perindopril (Coversyl), cilazapril (Vasace), fosinopril (Staril) andtrandolapril (Gopten, Odrik).

ACE inhibitors are used in the treatment of heart failure and hypertension.

Paracetamol awareness

The ready availability of paracetamol and awareness of the dangers of overdose are the reasons paracetamol is the most commonly-used substance for deliberate self-poisoning, reports the *British Medical Journal*.

Researchers at Oxford interviewing patients who had taken paracetamol overdoses say more than three-quarters of them knew that paracetamol overdose could cause death.

This high awareness of the fatal potential of paracetamol is probably a reflection of extensive media coverage of the subject, say the authors of the report. They conclude that educating people about the dangers clearly does not deter them, but reducing pack sizes would probably be more useful in preventing death.

Palliative care at a crossroads

Palliative care has reached a crossroads in its development, with an evolution from the traditional hospices to integrated care and palliation at home.

Speaking at the launch of Durogesic, the transdermal delivery system for fentanyl, specialists in palliative care outlined the ongoing developments in the area.

Professor Sam Ahmedzai, a professor of palliative medicine at the University of Sheffield, identified the growth areas in palliative care as symptom control, measurement of distress, quality of life evaluations and cost-effectiveness studies. He sees improved symptom control, through a more active approach, as one of the biggest challenges to health professionals in this area.

The palliative care team is very similar to the primary healthcare team, according to Dr Howard Marsh, a GP from Cardiff. He considers the GP to be the team leader who is able to involve specialists, nursing staff, family, friends, chaplain and social services in the care of cancer patients, most of whom prefer to be treated at home.

Dr Peter Barrett-Lee, a Cardiff consultant clinical oncologist, believes palliative care is no longer restricted to simple pain control but total patient care.

Good asthma management costs more

A report on prescribing for asthma among general practitioners in London has found that good practice is associated with higher costs.

Practices approved for vocational training, for band three health promotion, or for asthma surveillance, follow British Thor-

acic Society guidelines (higher level of prophylactic prescribing) for the management of asthma more closely than do other practices. They were found to have, on average, higher ratios of prophylactic to bronchodilator treatment. But they were also found to have higher asthma

drug costs than other practices.

In conclusion, the authors suggest that pressure to reduce the costs of asthma prescribing may lead to a reduction in prophylactic treatment, running contrary to the BTS guidelines and possibly worsening the quality of asthma care.

Script Specials

Stelazine tablets

The coating of Stelazine (trifluoperazine) tablets 1mg and 5mg has been changed from sugar to aqueous film, which results in a matt blue, instead of shiny blue, coating. **Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.**

Asthma leaflets

3M Health Care is now printing new markings — 'Reliever' and 'Preventer' — on its asthma inhalers to help users distinguish between the two types. Although the two varieties are colour-coded, some patients are reported to still have difficulty differentiating between the two. The company has also produced a series of patient leaflets on asthma. The eight leaflets cover all aspects of asthma, including treatment, sport and trigger factors. Copies are available

from the company. **3M Health Care. Tel: 01509 611611.**

CSM lifts triangle

The CSM has removed the 'black triangle' symbol from Smithkline Beecham's Seroxat (paroxetine), thus lifting the special reporting status imposed on all new products at their launch. **Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.**

Fortijuice endorsed

Fortijuice, the fruit-flavoured liquid nutritional supplement, is now available on prescription (endorsed ACBS) for patients with disease-related malnutrition. It contains hydrolysed milk protein and carbohydrates with added vitamins and differs from most supplements by being fat-free and not having a milk taste. Fortijuice is available in 200ml packs in three flavours, in cases of 30 (basic NHS

price, £45). **Cow & Gate Nutricia Ltd. Tel: 01225 768381.**

Warfarin phase out

Boehringer Ingelheim is experiencing difficulties with raw material supplies for its warfarin tablets. As a result, the supply of 1, 3 and 5mg warfarin tablets will be phased out in the UK. Pharmacists can contact the medical information department at **Boehringer Ingelheim Ltd. Tel: 01344 741347.**

Discontinuation

Ciba Pharmaceuticals has discontinued the following products: Monaspor (cefsulodin) 1g x one vial and Lopresoretic (metoprolol tartrate 100mg, chlorthalidone 12.5mg) tablets x 56. The company has discontinued them because of falling demand. **Ciba Pharmaceuticals. Tel: 01403 272827.**

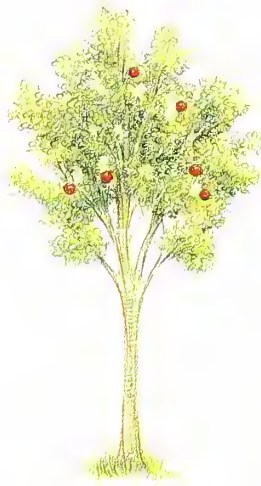
We're putting
2 million pounds behind
our new babies
(talk about being born
with a silver spoon...)



All year round press advertising. In-store trials. Sample deliveries to new Mums.

The support of midwives and health visitors everywhere.

You'd be wise to put an order in now-this new baby's going to grow up very fast.



THE HEALTH MARKET
MINUS SEVEN SEAS.



THE HEALTH MARKET
PLUS SEVEN SEAS.



Counterpoints

Zantac available OTC

The latest POM to P switch to be launched is Zantac 75, an OTC presentation of Zantac (ranitidine), the market leading prescription product for acid-related disorders. Zantac 75 is the second Glaxo POM to P switch to be marketed by Warner Wellcome Consumer Healthcare (Beconase Hayfever was the first).

Zantac 75 is licensed for the treatment of heartburn, dyspepsia and hyperacidity and is claimed to relieve symptoms for up to nine hours. It has no known clinically-significant interactions with other medicines.

The recommended dose for adults and children over 16 is one tablet, swallowed whole with a drink of water, as soon as symptoms start. Another tablet can be taken if the symptoms recur to a maximum of four tablets in 24 hours. The maximum duration of therapy is two weeks and if symptoms persist, the patient should visit their GP.

Zantac 75 is available in packs of five or ten tablets, priced at £1.99 and £3.89 respectively. The company believes the premium price is justified by the well established efficacy and safety of the product. A full margin of 33 per cent will be available to pharmacy retailers.

Although Zantac 75 is the third H₂ antagonist on the market, Warner Wellcome is confident that it has learned from the experiences of Smithkline



Beecham and Centra Healthcare.

The launch of Zantac 75 is being supported by a £7 million marketing programme with an "emphasis on education not promotion". It includes television and press advertising campaigns, an educational training package, public relations campaign and sales promotions.

An 'acid-free' programme, prepared by a team of dietitians and nutritionists, is planned to run in all national media during 1995. Its aim is to encourage a more positive and healthier approach to diet and lifestyle with practical advice on daily diet planning.

The range of professional and consumer support material will include information leaflets on indigestion, diet and lifestyle. Educational material, designed specifically for the needs of the pharmacist and the pharmacy assistant, include

guidelines/protocols for the diagnosis of acid disorders/counter prescribing of H₂ antagonists, summary reference cards and manuals, and training videos and audio cassettes.

The UK market for indigestion products is worth in the region of £70m and it has shown annual growth of over 22 per cent, due in part to the launch of Tagamet 100 and Pepcid AC.

Market research estimates that approximately 14 million people in the UK claim to have suffered indigestion in the last three months with nearly 2m suffering at least once a day. However, a small proportion of regular users account for the majority of the sales volume and around 44 per cent of sufferers are currently non-medicators.

Warner Wellcome hopes the launch will expand the category and attract new users. Warner Wellcome Consumer Healthcare. Tel: 01703 641400.

Run rings round pain

Copper rings to complement existing copper bracelets have been introduced by Sabona of London.

The rings can be worn on their own or, says the company, in addition to a bracelet to increase the amount of copper the skin can absorb in the form of copper complexes. These are said to provide relief from rheumatic and arthritic aches and pains.

The rings are available in adjustable sizes with three metal finishes: natural copper (£3.50 rrp), 24-carat gold-plated, or 24-carat gold-plated with a silver rhodium band (£9.99). Maddox Health & Beauty. Tel: 0181 795 2451.



New packs of Anadin Extra now include the names of the active ingredients — aspirin and paracetamol — on the front, as well as on the back. Whitehall Laboratories. Tel: 01628 669011



category manager for eyecare Jeff Bulmer. Rhône-Poulenc Rorer Ltd. Tel: 01323 534000

Piles info & support

A new information service for piles sufferers aims to alleviate the embarrassment associated with the condition.

Preparation HELPS (Help and Educational Literature for Piles Sufferers), an initiative from Whitehall Laboratories, will publicise the incidence of piles, outline the options available and highlight the importance of a healthy lifestyle. It will provide educational literature and fund research.

One-third of the population develop piles at some point in their lives. Only 10 per cent of sufferers seek advice immediately and 64 per cent only consult a GP or pharmacist when symptoms become too painful.

The service is available by writing to: Preparation HELPS, 227-229 Chiswick High Road, London W4 2DW. Tel: 0181 747 8797.

Hill's hits the headlines

The Hill's Balsam range hits the tabloids this month as part of a £250,000 advertising campaign.

Running until mid-March, ads will appear in the *Daily Express*, *Daily Mail*, *Daily Star*, *The Sun* and *Today*, and will be seen by an estimated nine million readers every week. Windsor Healthcare. Tel: 01344 484448.

For urinary discomfort

Two new Medic Herb Biological Medicines are being introduced this month.

Sabalin (60 tablets, £5.99) is for the symptomatic relief of short-term urinary discomfort in men. It contains Saw palmetto (dwarf palm) fruit extract (*Fructus sabal serrulata*) equivalent to 475mg.

Uvacin (80 tablets, £5.99) is a traditional herbal remedy for the symptomatic relief of

short-term female bladder discomfort. Its diuretic effect helps to flush out the urinary tract. Each tablet contains dandelion root extract equivalent to 600mg, bearberry extract equivalent to 300mg and peppermint extract equivalent to 50mg.

Both products will be supported by consumer advertising. They are free from animal ingredients, gluten-free and not tested on animals. Kallo Group Ltd. Tel: 01932 355303.

Brol-eze bonus

Rhône-Poulenc Rorer is re-paying pharmacists' support for last year's Brol-eze launch with improved profit margins of 33.4 per cent POR, or a 50 per cent profit cost opportunity. The new standard trade margin comes into effect from March 1. "In recognition of the tremendous support we received last year from pharmacists we are delighted to offer a superb deal for 1995," says RPR's

Rudolph the Reindeer.



Forget your cold - get on with life!

Rudolph the Reindeer.




Saves the day.




For the relief of cold and flu symptoms. Always read the label.
Lemplus is available in capsules or powders.

Forget your cold - get on with life!

Rudolph the Reindeer.



Goes clubbing.



For the relief of cold and flu symptoms. Always read the label.
Lemplus is available in capsules or powders.

Forget your cold - get on with life!

Rudolph the Reindeer.



Clinches the deal.



For the relief of cold and flu symptoms. Always read the label.
Lemplus is available in capsules or powders.

Forget your cold - get on with life!

Adcock Ingram presents Lemplus. An effective new treatment for colds, flu and depressed profits.

For customers who would prefer to forget the stuffy, red noses associated with colds and get on with life, there is now new Lemplus.

New packaging means Lemplus capsules and powders stand out on your shelves.

A complete, free promotional pack means they stand out in your pharmacy.

Nationwide advertising in the Sun and Daily Mail means they stand out in your customers' imaginations.

And outstanding introductory trade offers mean Lemplus will do outstanding things for your profits.

If you'd like to know more, please return the coupon.

Please ask a Representative to call.

Name _____

Position _____

Company _____

Address _____

Telephone _____

Return to: Jim Ritchie, Adcock Ingram UK,
FREEPOST (LE6362), Leicester LE1 7ZA.

CD/28/1



Legal status: GSL. Active ingredients (powders): Paracetamol BP 650mg, Ascorbic Acid BP 50mg. Active ingredients (capsules): Paracetamol BP 300mg, Caffeine BP 25mg, Phenylephrine Hydrochloride BP 5mg.

Further information available from: Adcock Ingram UK, Premier House, 29 Rutland Street, Leicester LE1 1RE.

Prima's low-cost own-label range

A chance to offer own-label food supplements without prohibitive start-up costs and long-term contracts is offered by Prima Health Products.

For a minimum initial order of about £250, pharmacists can obtain an own-label range of the most popular food supplements manufactured by a large multinational company. Products include evening primrose oil, cod

liver oil, garlic, multivitamins and single vitamins.

After the initial order retailers can order any quantity they wish.

The labels are flexible enough to allow space for product profiles and bar coding as well as a product description. A special offer is running on evening primrose oil. **Prima Health Products Ltd. Tel: 0161 969 8948.**



No heartache for Valentines

For Valentines worried that a romantic dinner for two might lead to heartburn, rather than true love, Reckitt & Colman is promoting its Heartburn Hot-Line once again.

During the first three months of offering the Freephone service (0800 556611), more than 500 calls a week have been

received and 200,000 booklets — 'Taking the heat out of heartburn' — have been distributed to consumers.

The service is being publicised through the women's press, national newspapers, local radio stations and doctors' surgeries. **Reckitt & Colman Products. Tel: 01482 26151.**



New Oruvail gel point of sale material and a display unit (now in outers of ten) are now available from local Rhone-Poulenc Rorer reps. This is to coincide with a new TV campaign which is designed to highlight the product's active ingredient, ending with the message: 'The key to deep down relief is the ketoprofen'. Rhone-Poulenc Rorer Family Health Division. Tel: 01323 721422

Numark's February offers

Numark promotions for February include own-brand reductions and a £1.99 promotion.

In the own-brand sector: Actif Ultra Press-On Towels in regular and super are down to £1.75 rrp per pack, with retailers gaining 20 per cent discount; ibuprofen tablets feature in a 14 for 12 and five for four offer; and members placing orders of more than £150 on Numark dressings qualify for a 10 per cent discount.

In addition, £1.99 price promotions are running on twin-packs of Kleenex for Men, Lynx Africa variants, Sensor Excel Razor and Vaseline Intensive Care Dry Skin. **Numark Management Ltd. Tel: 01827 69269.**

Tixylix on TV

Tixylix is currently on-air in a £800,000 TV campaign designed to attract first-time mothers of pre-school children.

The ad features a young mum, cradling her sleeping daughter, speaking out to other mothers on the soothing properties of Tixylix and the benefits of seeking pharmacy advice. **Intercare Products Ltd. Tel: 01734 790345.**

Medised push

Seton Healthcare is backing Medised in the brand's biggest ever advertising campaign.

The parenting press blitz pushes the message of Medised's cold relieving properties and its capacity to aid restful sleep.

Pharmacy trade advertisements and trade promotions are also planned. **Seton Healthcare. Tel: 0161 652 2222.**

Tender touches

Breger Gibson has launched a new range of disposable nappies, specifically targeted at the independent sector.

Tendercare Ultra Boy/Girl Nappies are positioned to give a low retail price and higher margin than well known brands.

The nappies retail at £3.99 and are available in Midi, Maxi and Junior sizes. **Breger Gibson Ltd. Tel: 01352 711171.**

Bringing up Baby

A £2 million support package for Baby Savlon — which includes consumer press advertising — kicks off in February.

The campaign aims to reach over 95 per cent of Baby Savlon's target audience.

The package is also included in the Bounty pack available to all new mothers. Baby Savlon nappy cream also has exclusivity with the Bounty professional service, ensuring a focused sampling opportunity. **Zyma Healthcare. Tel: 01306 742800.**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Askit Capsules:	STV, GTV & C4
Benlyn Childrens/Coughs:	All areas
Benlyn 4-Flu:	All areas
Colgate Bicarbonate of Soda:	All areas
Dentu-creme:	All areas
Duracell:	All areas except U & GMTV
Durex Condoms:	C4
Halls Mentho-Lyptus:	All areas
Hedex Headcold:	GMTV
Just for Men shampoo/gel:	All areas except CTV, LWT & GMTV
Lil-lets applicator:	All areas except B, CTV & GMTV
Medinex Night Time Syrup:	All areas
Meltus:	STV, G, Y, C & TT
Nicotinell:	All areas
Nurofen Cold & Flu:	All areas
Olbas Oil & Pastilles:	B, G, Y & TT
Oruvail Gel:	All areas except U, B, CTV & GMTV
Polygrip Ultra:	All areas
Predictor:	G, W & HTV
Remegel:	All areas
Sanatogen:	All areas except Y, CTV, W, CAR, TT, C4 & GMTV
Seabond denture fixative:	B, G, HTV & W
Sensodyne:	All areas except CTV, LWT & GMTV
Seven Seas:	G, Y, C, CAR, TT, C4 & GMTV
Sinutab:	All areas
Slim Fast:	All areas
Strepsils:	All areas
Tixylix:	All areas
Wella Colour Mousse:	All except GTV, B, G, CTV, LWT & TT



A new £500,000 TV campaign for Medinex Night Time Syrup breaks next week. The 20-second animated commercial features the plight of a tired and restless moon with Medinex coming to the rescue. The tag line of the ad is that Medinex offers 'a better sleep for a brighter morning'. Whitehall Laboratories Ltd. Tel: 01628 669011

PRODUCT INFORMATION: Presentation: Gelatin capsules containing an oil containing as active ingredients, Levomenthol Ph Eur 35.55mg, Chlorbutol B.P. 2.25mg, Terpineol B.P. 66.6mg, Thymol B.P. 3.15mg, Pumlilio Pine Oil B.P. 1980 103.05mg, Pine Oil Sylvestris 9mg. **Uses:** For the symptomatic relief of nasal congestion and colds in the head. **Dosage and Administration:** Adults and children over 3 months; carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. **Contra-indications, Warnings, etc.:** Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. **Package Quantities:** Packs containing 10 or 20 capsules. **RSP:** Capsules 10s £1.69, Capsules 20s £3.09. **Legal Category:** GSL. **Product Licence No:** PL 0327/5914. Crookes Healthcare Ltd, Nottingham NG2 3AA.



A little piece of quiet.

All children need warmth and affection, but those with nasal congestion also need effective relief.

That's what they get from Karvol. It allows them to breathe easily throughout the night, and it does so gently, as there's nothing to swallow or rub onto a child's chest. Simply dab the pre-

measured dose on a handkerchief tied to the cot, and the natural vapours of pine, menthol and cinnamon effectively unblock stuffy noses.

That means a good night's sleep for children and their parents - and keeps Karvol in front as the most recommended nasal decongestant for children.



Gently does it

CHLORBUTOL, MENTHOL, PINE OIL SYLVESTRIS, TERPINEOL, THYMOL, PUMILIO PINE OIL.

FOR MORE INFORMATION ON KARVOL DECONGESTANT CAPSULES, PLEASE CONTACT CROOKES HEALTHCARE LTD, PO BOX 57, NOTTINGHAM NG2 2LJ

Organics moves into dandruff control

Organics, Elida Gibbs' hair care range which promises root nourishment, is tackling dandruff with the introduction of two new variants.

Dandruff Control Shampoo (200ml, £1.89) and Dandruff Control 2 in 1 (200ml, £1.99) join the range in February supported by a variant-specific £500,000 advertising campaign. Trial sizes (£0.59) will also be available.

Independents stocking Organics are also to benefit from a price-marked promotion. Bottles of shampoo and conditioner will be priced at £1.59 and 2 in 1s at £1.69 (while stocks last). The new variants will be included in the offer.

• Consumers who purchase packs of specially-marked Organics



Intensive Replenishing Conditioner Tubes, Intensive Deep Repair Creme Pots and Strengthening Leave-in Serum Pumps will also be offered a money-back guarantee if they are not satisfied with the products. **Elida Gibbs Ltd. Tel: 0171 486 1200.**

Yardley promos

Yardley of London has several promotions over the next couple of months.

During February, there is £0.50 off selected face make-up products plus a free powder brush with any purchase of Yardley foundation or face powder.

In March the company is promoting its Tweed fragrance for Mother's Day with a special offer of a free box of Bendicks Mint Chocolates with every 50ml parfum de toilette spray purchase (£11.95).

In its Aromatherapy range, a weekend break at a health farm is up for grabs in a prize draw involving instant win labels on special bottles.

Finally, Bond Street Perfumery, the new fragrance arm of Yardley, is running a special promotion on its So ...? perfume. With every 50ml perfume spray purchase, there is a free So ...? body spray (worth £1.99). **Yardley of London. Tel: 01268 522711.**

Added Cachet

A special Cachet gift pack is available in time for Mother's Day (March 26).

Comprising a 30ml Cachet eau de toilette and free full-size talc, the pack is worth £12.25, but has an

rrp of £8.50. It comes with a matching gift tag.

The gift pack is available in outers of 12 and is supported by a shelf edger. **Network Management. Tel: 01252 29911.**

Pampering for mums

Potter & Moore is introducing a range of gift sets for Mother's Day.

In its Luxury Toiletries range, there is a Potter & Moore gift bag containing foam bath (200ml), talc (100g) and soap (75g) which retails at £3.99. It is available in three fragrances (rose, chintz and peach botanical), each bag decorated with a co-ordinating ribbon.

In its Essentials line, there are new twin-packs which comprise a foam bath essence (100ml) and a body moisturiser (100ml). Retailing at £2.99, they are available in four fruit variants.

Essentials Foaming Bath Seed Sachets are new to the range and are available in a display outer. Each contains 24 x 15g sachets (rsp £0.25).

The Essence of the Plant range has two Mother's Day offerings: duo packs which contain a foam bath essence (100ml) and body balm (100ml) in Aromatic Spices and Botanical Herbs. The combination pack retails at £2.95.

• Essence of the Plant Bath Flakes are now available in sachets of 25g, packaged in sixes with an rrp of £1.95. **Potter & Moore Ltd. Tel: 01733 281000.**

Intensive Elseve

Following last year's introduction of Elseve Care Mousse Non-Rinse Conditioner, L'Oreal is now extending the Elseve franchise to an Instant Non-Rinse Intensive Conditioner.

The intensive variant is a cream gel and comes in three colour-coded versions: protein (purple) — to repair and protect damaged hair; jojoba (yellow) — to moisturise medium to long hair, adding sheen; and massoia (orange) — to nourish and moisturise dry or normal hair from within.

L'Oreal says that counter units and displays are available. The introductory price is £2.29 (regular price £2.69 from April 1) and promotional launch packs carry a £1 cash-back offer.

Press advertising totalling over £500,000 will put three million sample sachets in spring issues of major women's magazines. **L'Oreal. Tel: 0171 937 5454.**



The magic of magnolia

Heathcote & Ivory has added magnolia to its Pact range of bath products.

With top notes of tangerine and star anise; a heart of orange blossom, rose and iris; and base notes of vanilla and amber, it is available as a moisturising bath oil in a boxed gift container (retail £5) and hand-blown glass bottles. The ring style bottle retails at £20 and

the octagonal for £10.

The company is also launching the Collectable Series to coincide with Valentine's and Mother's Days. It comprises three jewel-shaped bottles with a choice of foam bath (£5) or bath oil (£6) available in nuit d'amour, mountain spring and peach from the Pact range. **Heathcote & Ivory Ltd. Tel: 0171 935 1975.**

Reaching a standard of Excellence

L'Oreal is launching a new hair colorant for grey hair — or hair that has grown dull with time — that promises to protect too.

The patented formula of Excellence Creme envelops every hair shaft, restructuring and renewing its strength, as well as giving long-lasting colour, says the company. It comes in 18 shades and uses a new Appli-Creme System which guarantees control of the mixing process and ease of

application.

It will be available nationally from mid-February at a recommended price of £4.99.

Its launch is to be backed by a £5 million promotional spend, including £3m on television. Below the line activity includes a £2 introductory cash-back offer and a training programme for retail staff. **L'Oreal. Tel: 0171 937 5454.**

Puig's yachting fragrance

The new men's fragrance from Spanish perfume house, Antonio Puig — Aqua Quorum — is the official fragrance of the 1995 America's Cup sailing event.

Aqua Quorum gives a sporty twist to the well established men's brand, Quorum. The fragrance itself has top notes of bergamot, grapefruit and artemisia and heart notes of ozone, marine elements, geranium and nutmeg oil. Base notes are sandalwood, oak moss, amber and musk.

On counter from May 10, the range is priced from £13.95 to £21. The launch will be supported

with a press advertising campaign which will include liquid samples on the page of selected men's magazines. **Creative Fragrances Ltd. Tel: 0181 391 4200.**

Hawaiian hair

Hawaiian Mango Conditioner is a new addition to the Freeman Botanical hair care range.

Mango has been blended with banana to restore shine, says the company. The addition of Hawaiian ginger moisturises and disentangles the hair.

It complements the range's Hawaiian Ginger Shampoo and retails at £3.99 (473ml). **Fragrant Memories. Tel: 01342 313206.**



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All change Oxysept

Oxysept 1 Step has completed its livery update with the introduction of black boxes.

The new packaging follows the change to black-labelled bottles last summer. **Allergan Ltd.** Tel: 01494 444722.

Hermesetas twins

A year-long Hermesetas Gold Choice press campaign features twins to emphasise the product's advertising theme of closeness.

Different sets of twins will appear in press advertisements under the headline: 'Close. But not as close as Hermesetas Gold

Energy care

A holistic approach to skin care comes courtesy of Energy Emulsion, which is said to raise the energy levels in skin, fighting ageing, dry, impure and flaky skin. Energy Emulsion is available as a 75ml pack retailing at £24 (introductory price £22). It is available direct from the manufacturer: **Energy Cosmetic International.** Tel: 01865 875552.

Dermacort

Dermacort 0.1 per cent hydrocortisone cream is now licensed for use in the treatment of mild to moderate eczema. New packaging and point of sale material will soon be available and advertising in the women's press is also planned. **Panpharma Ltd.** Tel: 01494 766866.

Total TV

Colgate Total is back on TV as part of a £3.9 million spend with two new 30-second executions and two 10-second versions running from February until April. **Colgate-Palmolive.** Tel: 01483 302222.

Fast facts 2

Part two of Dove 'Fast Facts' is due out in March. The first part of the Filofax-style guide to Dove for pharmacy assistants came out last May. The second section will concentrate on acne care. The Dove sales team will be distributing the guide to pharmacists and assistants, along with sample bars. **Lever Brothers Ltd.** Tel: 0181 541 8200.

Slim Faster

There are two new additions to the Slim Fast range: a new Ready to Drink variant called coffee delight (retailing at an introductory price of £0.99) and a new six-pack Nutrition Bar, peanut butter crunch, retailing at £2.99. **Sun Nutritional Inc.** Tel: 01753 583737.

Yardley fashion

Yardley has two looks for its spring-summer cosmetic palette. Soft Days opts for

pastels with a "soft rose glow", while Sultry Nights goes for Hollywood glamour with strong eyes and lips. **Yardley of London.** Tel: 01268 522711.

Bourjois pastels

Bourjois has unveiled its spring/summer collection under the name 'Un Ete Pastel'. Colour themes are pink and grey with lashes enhanced with the reformulated Cil Intense Mascara in black or brown. The collection is available from March 20. **Bourjois Ltd.** Tel: 0171 287 3051.

Spring affairs

Rimmel's look for the new season is called a Spring Affair, which combines lilacs, heathers, warm pinks and pale ivories. The collection is available from March. **Rimmel International Ltd.** Tel: 01233 625076.

NSB moves

Distribution of Natural Sea Beauty has changed to: **Chancellor Group Ltd, Wrexham Industrial Estate, Wrexham, Clywd LL13 9PW.** Tel: 01978 661351.

Smint campaign

Cedar Health is rolling out a £250,000 consumer push for its mini mint, Smint. Product sampling and

extensive consumer PR will be followed by advertising in national titles later in the year, the company says. **Cedar Health.** Tel: 0161 483 1235.

New diaphragm

Lamberts (Dalston) is launching Reflexions Flat Spring Diaphragm following the company's acquisition of the manufacturing rights from Durex. **Lamberts (Dalston) Ltd.** Tel: 01582 400711.

Kenwood offer

Kenwood is running an 'added value' promotion on its range of water filters until the end of March. Special packs are available on the range of jug water filters which contain a free replacement cartridge (worth £2.99). A free cartridge is also offered on Kenwood's table-top electronic water filter (worth £6.99). **Kenwood Appliances plc.** Tel: 01705 476000.

Primetex cloths

A new range of cleaning cloths for industrial, hygiene, medical and general purpose use — called Primetex — has been launched by Shiloh Healthcare. **Shiloh Healthcare.** Tel: 0161 624 5641.

Have you any idea how many people in the UK risk heart disease because of excess cholesterol?

Hand on heart, wouldn't you like a share of a growing multi-million pound market?

Especially when £4 million is being spent to launch a new solution from Ribena?



Ribena

See next issue. Who knows, it could do wonders for your financial health, too.

From a world of experience

A new world of relief OTC

- ◆ Zantac has been used for over 13 years in more than 200 million patient treatments worldwide.
- ◆ Zantac has an unparalleled record of safety¹ and efficacy, with no clinically significant drug interactions.^{2,3}
- ◆ Zantac 75 is the pharmacists' brand of Zantac, the world's leading prescription medicine for acid-related disorders.
- ◆ Zantac 75 is a logical successor to alginates and antacids for customers with heartburn, dyspepsia or hyperacidity.
- ◆ Zantac 75 treats the root cause of the problem and lasts for up to 9 hours⁴.
- ◆ Zantac 75 is available in packs of 5 and 10 tablets.



ranitidine 75 mg (as hydrochloride)

A new world of relief OTC

Essential information. ZANTAC 75 ranitidine 75mg (as hydrochloride) Presentation Pink, five-sided Zantac 75 tablets each containing 75mg ranitidine (as hydrochloride). **Uses** For the short-term symptomatic relief of dyspepsia, heartburn and hyperacidity. **Dosage and administration** Adults and children aged 16 years and over: one Zantac 75 tablet to be swallowed whole with a drink of water. If symptoms persist for more than one hour or return, another tablet may be taken. No more than 4 tablets should be taken in any 24 hour period. **Contra-indications** Hypersensitivity to any component. **Precautions** Treatment should be restricted to a maximum of two weeks' continuous use at any one time. Patients are advised to contact their doctor if their symptoms get worse or are no better after two weeks' continuous treatment with Zantac 75. Zantac 75 should not be taken by the following groups unless advised by a physician: patients under medical supervision for any other illness; patients with a previous history of peptic ulcer disease; patients who are 45 years or over with new or recently changed dyspeptic symptoms; or if these symptoms are associated with an unintended weight loss; women who are pregnant, trying to become pregnant or

breast-feeding. Individuals with difficulty swallowing should consult their doctor. **Warnings** Patients with a history of porphyria. **Drug interactions** There are no clinically significant interactions with other drugs. **Side effects** Generally well tolerated. Rarely, headache, dizziness and allergic reactions have been reported. **Retail selling price** Pack of 5 tablets - £1.99. Pack of 10 tablets - £3.89. **Legal category** P. **Date of preparation** 3/1/95. **Product licence number** PL 0949 0223. Further information is available from the product licence holder: Glaxo Pharmaceuticals UK Ltd, Stockley Park, Middlesex UB11 1BT. **Distributed by** Warner Wellcome Consumer Healthcare. **References** 1. Penston JG, Wormsley KG. *Gut* 1989; 24: 91. 145-1152. 2. Klotz U, Kroemer H. *Pharmazie* 1990; 45: 233-244. 3. Mitchard M, Harris A, Munger BM. *Pharmazie* 1987; 32: 293-325. 4. Data on file Glaxo Pharmaceuticals UK Ltd.

Warner Wellcome
CONSUMER HEALTHCARE

A new world of und

A better understanding

- ◆ Warner Wellcome Consumer Healthcare asked pharmacists across the country about the practical issues they face in recommending H₂-receptor antagonists.
- ◆ Then they produced a programme specifically to reflect your needs.
- ◆ The Zantac 75 Pharmacy Education Programme is designed to help promote effective counter prescribing for you and your staff:
 - Opinion Leader video on H₂-antagonists and their role OTC.
 - Pharmacists' Reference Manual.
 - Recommendation guideline summary.
 - Counselling checklists for you and your staff.
 - Pharmacy Assistants' Training Video and Manual.

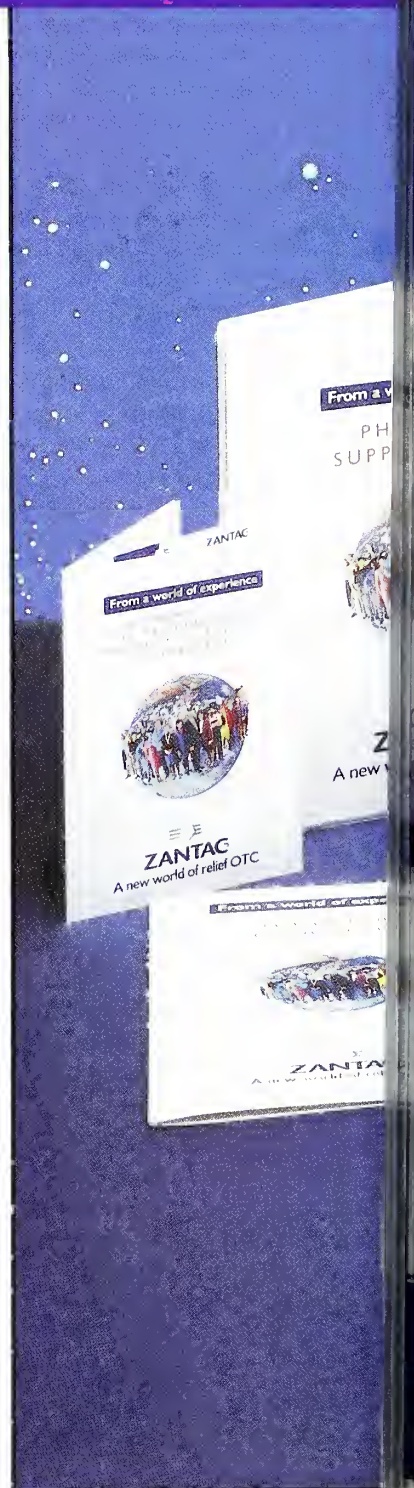
A real opportunity

- ◆ £7 million support package for Zantac 75.
- ◆ Heavyweight national Press and TV advertising.
- ◆ Major Public Relations Programme
- ◆ In-store counter unit with integral consumer advice leaflet and special consumer symptom checklist to help make selling as simple as possible for you and your staff.
- ◆ Full range of merchandising materials.



ranitidine 75 mg (as hydrochloride)

A new world of relief OTC



standing and opportunity



One tablet calms and subdues excess stomach acid for up to **9 hours**

ZANTAC
Relief from heartburn & dyspepsia for up to 9 hours

ZANTAC
Helps put you
in control

ASK YOUR PHARMACIST FOR ADVICE

ASK YOUR PHARMACIST FOR ADVICE
ZANTAC

From a world of experience

ZANTAC
ANALGESIC

Essential information. ZANTAC 75 ranitidine 75mg (as hydrochloride) Presentation Pink, five-sided Zantac 75 tablets each containing 75mg ranitidine (as hydrochloride). **Uses** For the short-term symptomatic relief of dyspepsia, heartburn and hyperacidity. **Dosage and administration** Adults and children aged 16 years and over one Zantac 75 tablet to be swallowed whole with a drink of water. If symptoms persist for more than one hour or return, another tablet may be taken. No more than 4 tablets should be taken in any 24 hour period. **Contra-indications** Hypersensitivity to any component. **Precautions** Treatment should be restricted to a maximum of two weeks' continuous use at any one time. Patients are advised to contact their doctor if

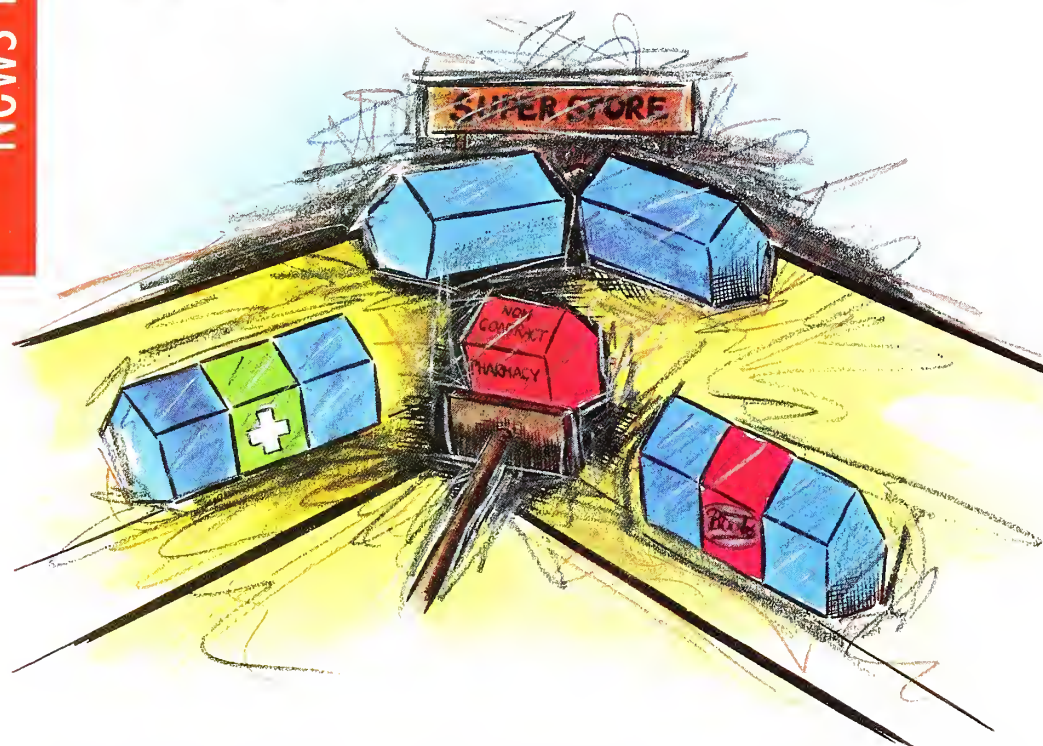
their symptoms get worse or are no better after two weeks' continuous treatment with Zantac 75. Zantac 75 should not be taken by the following groups unless advised by a physician: patients under medical supervision for any other illness, patients with a previous history of peptic ulcer disease, patients who are 45 years or over with new or recently changed dyspeptic symptoms, or if these symptoms are associated with an unintended weight loss, women who are pregnant, trying to become pregnant or breast-feeding. Individuals with difficulty swallowing should consult their doctor. Avoid in patients with a history of porphyria. **Drug interactions** There are no clinically significant interactions with other drugs. **Side effects** Generally well tolerated. Rarely, headache, dizziness and allergic reactions have been reported.

Retail selling price Pack of 5 tablets £ 99 Price of 10 tablets - £3.89 Legal category P Date of preparation 31/1/95 Product licence number PL 10949/0223 Further information is available from the product licence holder: Glaxo Pharmaceuticals UK Ltd, Stockley Park, Middlesex UB11 1BT Distributed by Warner Wellcome Consumer Healthcare

Warner Wellcome
CONSUMER HEALTHCARE

Putting the fax

The handling of scripts through non-contract pharmacies has not been in the news much since last autumn, but there are indications that the subject might be back on the agenda in the near future



It's the small things that often irritate the most. The faxing of prescriptions falls into this category. Since the fax provides the link which allows easy transfer of prescriptions from non-contract pharmacies, this modern communication tool is a mixed blessing.

The debate over transmitting prescriptions in this manner has raged in England and Wales for several years. In Scotland, where the practice first raised its head, prescription transfer was prohibited by regulation on April 1, 1991. The canny Scots quietly closed a regulatory loophole that has been causing grief south of the border ever since.

The Royal Pharmaceutical Society uttered on the matter last in August, 1994. The law and ethics policy committee concluded that the handling of NHS prescriptions through non-contract pharmacies did not amount to unprofessional conduct.

The decision did not go down well at all, with the exception of the pharmacy multiples that engage in the practice. The Boots' response was: "Boots believes patients or their representatives should be able to present their prescriptions at the pharmacy of their choice, provided, of course, the necessary professional standards are in place."

The committee clearly recognised that the practice could undermine an FHSA's responsibility for limitation of

contract, and could impact on moves towards a rational location of pharmacies.

Significantly, it took note of advice that any attempt to control competition by means of ethical rules would not withstand legal challenge.

This has suggested to some pharmacists that the Society is running scared of the legal clout of the large multiples. 'If it was just a small independent, they would have stopped it' is a common refrain.

Credibility gap

Council's credibility with many community pharmacists has been badly dented, since it is no longer seen to be capable of enforcing their professional and ethical wishes.

In its defence, Council has made it clear that while prescription transfer might be legal under the present NHS regulations, it does not mean it is Council policy.

Senior Council member Bill Darling says his first wish for 1995 is that the Government will act to ban non-contract pharmacies participating in NHS dispensing.

Despite the Society's concern, and pressure from the National Pharmaceutical Association and, more properly, the PSNC (since this is essentially a contractual matter), the Department of Health has so far refused to amend the regulations.

The NPA argues that not only does passing prescriptions from non-contract to contract

pharmacies undermine the intent of the control of entry regulations, it will encourage companies to move scripts to NHS pharmacies with item numbers bordering on the practice allowance threshold.

This will become more important as the share of the global allowance apportioned to the professional allowance increases, although there is no evidence that it is happening at the moment.

PSNC continues to lobby hard against non-contract pharmacies. Secretary Stephen Axon says a simple change in secondary legislation is all that is required, similar to that enacted in Scotland.

He also makes the point that the situation does not give FHSAs a very good impression of the profession. "Some FHSAs think it is crazy although others take a more laid-back view." His one consolation is that he does not have to square the ethics of the matter.

Right timing

Despite the DoH's reluctance to legislate or make piecemeal changes to the regulations, the health minister, Gerald Malone, has indicated he will look at the matter when the time is right.

The right time might be as soon as April, when the NHS (Pharmaceutical Services) Regulations 1992 will have to be amended to allow for part of the global sum to be devolved to FHSAs to pay for locally negotiated services.

In a letter sent to PSNC dated January 9, Mr Malone says: "I am aware of the considerable strength of feeling within the profession about the issue and I can assure you that I will bear your concerns in mind if changes are being made relating to control of entry. I am replying in similar terms to Mr Ferguson, secretary and registrar of the Royal Pharmaceutical Society ..."

Despite the brouhaha about non-contract pharmacies, a PSNC survey this week (see **News**) shows there are only around 40 outlets involved in script transfer. The practice at this stage is not so well established that it cannot be stopped.

That might not be the case in a year's time. The message to the Department must be that if it is going to act, it must do so soon.

There are also renewed stirrings among the body of community pharmacists. London pharmacist Ashwin Tanna stuck his head above the parapet just before Christmas in a letter to the pharmaceutical press, and is seeking to re-open the debate in the Society Council chamber.

He understands his concerns will be raised at the next meeting of the Society's law and ethics policy committee.

Mr Tanna believes the Council's position — that the handling of NHS scripts by non-contract pharmacies does not amount to professional misconduct — is irrational. It could be subject to legal challenge, he says.

Council has opposed the sale of lottery tickets from pharmacies on the grounds that it may prevent the prompt dispensing of prescriptions. At a non-contract pharmacy a patient may have to wait for several hours until the dispensed medicine is delivered.

However, if Mr Tanna cannot persuade the Council to reverse its decision on the transfer of scripts, he will not take the matter further on his own: he cannot afford it.

Should the Society's decision be subject to judicial review (and this is by no means certain), he says it is up to the membership to decide whether to proceed, and to help out with the costs.

The ridiculous thing about the transfer of scripts is that there is so little to be gained from it. The patient is misled as to the nature of the outlet he is visiting, and will have to wait longer for his script.

Because the dispensed item has to be delivered, it becomes less profitable (if at all) to the dispensing branch. And since it takes NHS dispensing business away from the local NHS contractor, it damages his viability at a time when profit margins continue to suffer.

YOU CAN'T RECOMMEND A BETTER WAY TO HANDLE ECZEMA

H^c45 is now available over the counter for mild to moderate eczema, which is good news for customers who suffer from this condition.

This pleasant non-greasy cream reduces the swelling and redness of irritated and itchy skin, soothes and calms the soreness while helping to heal.

Not only is H^c45 excellent in its own right, but it is supported by a complete range of proven emollients,

including Cream E45 – and emollient therapy is the essential foundation of day-to-day eczema management.



The leading emollient for over 40 years, Cream

E45 replaces lost moisture in the skin, lubricating and restoring the skin's flexibility. You should recommend it for daily management, in the dry stages of eczema – and also to help reduce associated itching and provide extra soothing relief during flare-ups, between the applications of H^c45.

Of course, when eczema is severe, you should still

refer to a doctor. But otherwise you

can confidently recommend the

complementary eczema treatment only

E45 and H^c45 provide.



PRODUCT INFORMATION: H^c45: Smooth white cream containing hydrocortisone acetate 1% w/w. **Uses:** For the relief of mild to moderate eczema, irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc:** H^c45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity:** Tube containing 15g. **RSP:** £2.49. **Legal category:** P. **Product licence number:** PL 0327/0039. **Date of preparation:** December, 1994. **Cream E45:** White bland emollient cream which contains

white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities:** Tubes containing 50g. Tubes containing 125g and also 500g. **RSP:** Tube 50g £1.70. Tub 125g £3.45. Tub 500g £8.10. **Legal category:** GSL. **Product licence number:** PL 0327/5904. **Crookes Healthcare Ltd, Nottingham NG2 3AA. Date of preparation:** July, 1994.

E45 DERMATOLOGICAL SKIN CARE



NEW

**NURO
PL**



ADVANCED DUAL ACTION

WHERE TWO GREAT POWERS MEET

The proven power of ibuprofen. The established power of codeine. By bringing them together in a unique combination, new Nurofen Plus gives you an ideal recommendation when extra-strength pain relief is called for: migraine, tension headache, cramping period pain, post-operative dental pain, neuralgia, sciatica, lumbago and rheumatic pain.

ADVANCED DUAL ACTION FOR

NUROFEN PLUS

24 Tablets



FOR POWERFUL PAIN RELIEF

PAIN DOESN'T STAND A CHANCE.

Nurofen Plus. Ibuprofen BP. Codeine Phosphate BP.

Product Information: Each tablet contains ibuprofen BP 200mg and codeine phosphate BP 15mg. **Indications:** Effective in the relief of headache, neuralgia, dental pain, dysmenorrhoea, rheumatic and muscular pain, backache, feverishness, symptoms of cold and influenza. **Dosage and Administration:** Adults and children over 12 years: initial dose 2 tablets taken with water; then, if necessary, 1 or 2 tablets every 4-6 hours. Do not exceed 6 tablets in 24 hours. **Precautions and Warnings:** As with all other pain relievers, Nurofen Plus should not be taken by patients with a stomach ulcer or other stomach disorders or hypersensitivity to ibuprofen or codeine. Patients receiving regular medication, asthmatics, anyone allergic to aspirin, and pregnant women should be advised to consult their doctor before taking Nurofen Plus. In normal use, side effects are very rare, but may occasionally include dyspepsia, gastrointestinal intolerance and bleeding, constipation, nausea, skin rashes, depending on dosage and individual susceptibility. Not recommended for children under 12. If symptoms persist for more than 7 days, patients should be advised to consult their doctor.

Product Licence Number: PL0327/0082 **Licence Holder:** Crookes Healthcare Ltd, Nottingham NG2 3AA **Legal Status:** P **Price:** 12's £1.85, 24's £3.39 **Date:** January 1995



EXTRA-STRENGTH PAIN RELIEF

Small changes, big benefits

Major refits once every five to ten years may be fine if you run a mega-pharmacy. But what if you've little floor space to play with, a business that isn't necessarily booming and the budget is tight. Pharmacy consultant John Kerry looks at how you can accentuate the positive by investing a little in point of sale aids, signs and a touch of corporate style

Community pharmacists, without exception, want customers to purchase more when they visit their shops. Patients for whom the pharmacy is just a facility for prescriptions are one of the most important customer groups, one which can be encouraged to shop.

In my work with pharmacies, I have seen a number of simple pieces of equipment used, not only to communicate effectively with customers but also to improve the look of the front shop.

Script counter

The prescription counter is the focal point in most pharmacies and is becoming both a customer medical information point and a consulting area. Three items will improve it.

- **Pinboard** for notices and posters from both health authorities and medicine companies, such as: seasonal complaints; treatments, plus essential immunisation; holiday needs; and healthcare posters. These can be displayed together on one fitment.
- **Leaflet rack.** Information leaflets from health authorities, specialist associations, hospitals, complementary medicine companies, pharmaceutical companies and local healthcare groups are on the increase. I counted more than 30 different types in a pharmacy recently. Typically, they were either



A few small changes ...



... can transform your pharmacy

spread untidily on the counter, tucked between products or piled on shelves.

These leaflets not only serve as an important source of healthcare information, but also help to explain and sell healthcare products.

Several types of leaflet racks are available. The least expensive ones, made from wire, serve the purpose, but tend to deteriorate quickly and look cheap. Moulded, clear

styrene and Perspex types cost more, but look better and last longer. Unfortunately, they are only made in banks of four at most, therefore to accommodate three or four dozen leaflets will require up to a dozen multiple holders, screwed to a wall or screen.

Now on the market, but not yet readily available from the usual sources, are leaflet racks made of enamelled, mild steel plate with adjustable plastic

sliders to hold both one-third-sized A4 and A5 leaflets, and up to 40 different types.

- **Display cabinet.** Too often high demand P medicines are inadequately displayed on shelving behind the counter or concealed in drawers. A display cabinet, on the medicines counter, presents 'P' medicines securely close to, and at, eye-level. The cabinet should be the largest that you can accommodate without impeding vision or service.

Pharmacists who employ these fittings tell me that they earn more than any two full-height shelf fixtures. The valuable space in the cabinets should be used for TV advertised and fast-moving seasonal 'P' medicines only.

POS aids

Fitments resembling library shelves crammed with products are a turn-off to customers. The most effective merchandising aids that I've seen are also the easiest to obtain.

- **Shelf barkers** are holders that clip over the shelf or into the price ticket profile. They serve to attract attention to new products or those being promoted. Some pharmacies use these to excess and the purpose is lost, so it is advisable to limit them to one or two per unit for best effect.

- **Department/direction signs.** Larger shops or those that are awkward in shape can be confusing to customers. This problem can be largely alleviated by the use of well sited department signs and/or direction signs.

If customers know where to locate the products they're looking for, they are more likely to pick them up.

- **On-shelf displays.** Take a leaf from the big stores' book and reserve a couple of areas for on-shelf displays rather than for tightly-packed product merchandise.

The most effective ones that I've noticed employ the same items used for window display — boxes, satins, dried flowers and other props. They need not be huge but, providing that they are well lit, can break up the monotony and attract customers' attention to the product.

- **Gondola end promotion.** One of the most useful fitments in my experience is the gondola end promotion. Use this space for up to six monthly offers, multiple-faced, all with barker fitments or cards. If at all possible, face these towards the front door to draw passing customers.

- **Dump bins** are much maligned and abused. Manufacturers supplying them for major promotions often create the false impression that the contents are cheaper, when they are not. Dump bins should be employed only for stock clearance and really deep cut-price lines. Used sparingly in this way, they soon become a money-maker.

Only the best ...

The right fitments for merchandise are essential for

The NPA does the business

The National Pharmaceutical Association, among its many services, offers members a variety of display and sales aids. Gemma Collins of Business Services reviews some pharmacy favourites



Small items are best merchandised in bins or baskets



Dump bins should be reserved for very special price promotions only

displaying products correctly. Too often I've seen everything for sale — including baby clothes, razor blades and bagged goods — lying flat and almost invisible on shelves. By employing hook bars for all hanging and bagged goods, and sloping bins for small items and boxed tubes, your products will be seen as they were intended be.

Loose and unpackaged goods, such as small soaps, look much better in baskets or bowls.

Corporate style

In my opinion, the pharmacies that look most professional and more interested in business are those which adopt a corporate style of their own, from the main shop sign and window graphics through to the internal colour scheme of the shop.

Price tickets, barker cards, internal signs and promotional posters in the same livery and, where appropriate, with the shop logo, add a pleasing finishing touch to an attractive outlet.

On average our department sends pharmacists more than 1,000 items a week, ranging from practice leaflets to Electrolux pharmacy fridges, all featured in the NPA Directory. Some can make the running of a successful pharmacy business a more profitable and hassle-free experience.

Here are just a few of the more popular lines, not in any order of priority or preference:

- **CCTV** — closed circuit television is a sensible way to make sure all your 'sales' go through the till. More inquiries than ever are coming through the department at the moment for kits that range in price from £85 for a single, static simulated camera with a flashing light, to a black and white monitor with single camera and all fittings at £359 (additional cameras £195).

- **Convex security mirrors** — mirrors are an alternative and cheaper fly on the wall than TV cameras but, like the TV monitors they can substitute, they need to be looked at constantly to be effective!

Prices range from £61 for a standard 24in mirror on a swivel arm to £84 for a slim-view variant with orange trim.

- **Display stands** — these come in all shapes and sizes, and range from single dump bins to revolving multiple bin units carrying up to nine separate baskets. These are ideal for showing off pharmacy sundries or 'this week's special offer'.

- **Price tickets/shelf barkers** — the latest systems enable pharmacists to produce

personalised labels in-store to supplement those supplied by manufacturers or wholesalers. We have various computer software packages to link with laser or dot matrix printers.

Bespoke labels can make your pharmacy stand out from the crowd. One system can produce anything from a shelf barker to A5 sales messages and A4 posters.

- **Signage** — smart, bright signs showing clear messages add to the professionalism of a pharmacy interior. They can range from hanging neon 'prescriptions' signs at £350-plus to laser-printed acrylic versions, top-lit by strip lights, from under £100.

- **Display panels** — these can be particularly useful in a window for customised messages. Ready-made kits start at £125; others can be delivered to pharmacy specifications and are equally effective as in-store information centres.

Pharmacists have shown a lot of interest in these recently.

- **Leaflet displays** — pharmacies have an increasing number of healthcare leaflets to display. The introduction of the Professional Allowance and the conditions for its payments has made adequate leaflet display facilities even more important.

The NPA has a variety of stands on offer, ranging from four-slot, acrylic counter-top units at £7.10 to a 12-slot unit at £26 (both one-third A4 size).

Free-standing spinner stands taking more than 30 leaflets cost just over £40, while a wallframe with 11 pockets and

Business Services

Business Services comprises two separate operations — marketing and sales. The marketing arm constantly sources and promotes products. Sales handles the 1,000-plus orders per week, along with hundreds of inquiries.

A new delivery system means orders are dispatched and delivered within 48 hours; delivery is guaranteed in that time and the goods are insured.

Since September last year, the Association has included in the NPA Directory its complete range of products and prices, training services, information leaflets, and PR and publicity services.

Details from Business Services on 01727 858687 ext 315.

header card comes in at around £17 — both in poly-coated wire.

- **Forgery detectors** — finally, a little tool that can ensure the bank notes customers hand over will be accepted at the bank ... The detector pen has replaced the UV detector as the weapon of choice in small businesses. At around £3, the pens are used to mark notes as they are handed over; if the mark stays clear or light amber, then the note is genuine, if it appears as dark blue or brown, the note is suspect. Detector pens were flavour of the month in the run-up to Christmas!

New closed circuit TV from Philips

A low-cost closed circuit TV package has been launched by Philips Communication and Security Systems.

Philips claims its VSS 2285 Observation System is easy to install and operate and is ideally suited to retail applications. It includes a monochrome camera with wide angle lens, mounting bracket, 25m of standard cable and a 12in monitor.

The camera may be sited up to 200m away from the monitor — 400m with an extension — and the system is suitable for self- or specialist-installation.

The VVS 2285 can handle up to four cameras with manual or automatic camera sequencing. Slave monitors are an added option, as is an audio intercom; and an alarm trigger system, such as an infra red, door detector or a pressure mat.

Philips C&SS. Tel: 01223 245191.



The new low-cost Philips' CCTV system aims to cut crime

Saveker screens for better protection

T Saveker has launched a screen system which is said to provide unobtrusive yet effective protection from physical attack.

Concealed fixings fit the etched and silver-anodised aluminium standard sections together. Saveker says awkward corners and heights can be accommodated. T Saveker. Tel: 0121 359 5891.

Starter CCTV retail pharmacy system

The Retail Starter CCTV System from Sensormatic is available in three options, costing from less than £10 per week, but featuring 'operational sophistication' associated with more expensive packages.

Colour Option 1 includes an

advanced 330-line CCD camera with auto white balance, electronic shutter for operation at 1.8 lux, together with 14in monitor and all brackets.

Option 2 has two cameras, and a two-way switcher, while Option 3 features three

cameras and four-way switching. Both have automatic or manual camera sequencing.

The company has produced a guide to its Ultramax retail security tagging system and security systems in general. Sensormatic. Tel: 01442 231678.



A Saveker cashpoint-style protection screen

Moving POS units the key?

If you have some stock that is not moving, then British Turntable could provide the solution ...

Working on the principle that movement attracts, the company has extended its range of POS items to include small turntables and rocker units.

British Turntable can also supply turntable bearings and "other movement options" to order, and can be consulted on cost-effective display solutions. For the new colour POS brochure phone: British Turntable. Tel: 01204 525626.

Oldham's new fascia signs

Oldham Signs is developing a new range of standardised fascia box signs in co-operation with the National Pharmaceutical Association.

There will be three colour and three typeface options manufactured in illuminating or non-illuminating formats, according to customer

preference, cost and planning regulations.

A brochure will be available shortly from: Oldham Signs. Tel: 01532 404142.



Oldham's new design features an aluminium box frame and Opal 050 white Perspex. At 400 x 90cm, text is visible from 200 yards at night

Micromark's lighter side

Micromark can supply various types of shop lighting, including spotlights, halogen floor-standing uplighters and security lights.

Details of the range are available at Lightshow '95, stand B23 at Earls Court on January 29-February 1 or from: Micromark. Tel: 0181 881 2001.

Chiltern's cash till clamp

Chiltern has launched a clamp of welded steel, with a stainless steel or epoxy-coated finish, that will secure a flip-top cash cassette till to its mounting and prevent the forcing of the lid.

The brace has a ten-pin radial lock and costs £45 per unit with p&p extra. Chiltern Retail Systems. Tel: 01525 374619.

Shopfitting and mini-lab installation specialist

Leicester-based City Design specialises in mini-lab installations within existing retail operations, but also offers a design and manufacturing service for fitting out the whole pharmacy.

The company has 30 years

experience in the retail interiors field and has recently worked on several Pharmacy Film Centres in conjunction with both Gretag and Kodak, producing in-shop and stand-alone mini-lab installations. City Design. Tel: 01455 250550.

Baxall takes command

Baxall Security has launched an automatic pan and zoom CCTV system with features "usually associated with major security projects".

The key is the new ZR4 mini telemetry receiver measuring 12 x 10cm, which fits into the camera housing to link, via existing cabling, with the transceiver.

The operator has full control over pan, tilt, zoom, focus, etc and can command 'washing, wiping and floodlighting' at the touch of a button. Also eight pre-set camera positions can react to a security or fire alarm.

For technical literature contact: Baxall Security. Tel: 0161 406 6611.

NEW Pripsen Mebendazole Tablets

Mebendazole USP 100mg



Threadworms are a common complaint and customers rely on you to recommend a complete and effective treatment.

New Pripsen Mebendazole Tablets are the only Double Dose treatment presented as two chewable tablets, each containing 100mg Mebendazole. The first dose kills the threadworms; the second, to be taken 14 days later if reinfection occurs, kills any threadworms produced from residual eggs.

With an RSP of £1.89, Pripsen Mebendazole Tablets offer your customers the reassurance of a complete effective treatment in one value for money pack - with the excellent profit margins you'd expect from Seton.

Pripsen Piperazine Phosphate powder has been tried and trusted for over 20 years and is still available on prescription and for OTC recommendation.

Make sure you talk to your Seton representative about special Pripsen deals



 Seton
Healthcare Group plc

Presentation: Chewable orange flavoured off-white tablets containing Mebendazole USP 100mg. **Uses:** For the treatment of Threadworm (Enterobiasis) infestation. **Dosage and Administration:** Adults & Children Over 2 years - Initial Dose: 1 tablet to be chewed or swallowed with water. The initial dose to be followed by a second tablet 14 days later if reinfection occurs. Not suitable for children under 2 years. **Contra-indications, Warnings etc:** **Contra-indications:** Mebendazole has not been studied extensively in children under two years of age - for this reason it is not currently recommended for children under two years of age. **Other undesirable effects:** Side-effects reported have been minor. Transient abdominal pain and diarrhoea have been reported only rarely in cases of massive infestation and expulsion of worms. (Slight headache and dizziness have been occasionally reported). **Use in Pregnancy and Lactation:** Since there is a risk that Mebendazole could produce foetal damage if taken during pregnancy it is contra-indicated in pregnant women. No information on secretion into breast milk is available so mothers taking the drug should not breast feed. **Other Special Warnings and Precautions:** If after two weeks you need to take the second tablet following which your symptoms persist then consult your doctor. Overdose: No cases of overdose have so far been reported with Mebendazole but gastric lavage and/or supportive measures would be recommended. Symptoms of acute overdose would be expected to include gastrointestinal disturbances, abdominal pain, headache, dizziness, pyrexia and convulsions. **Pharmaceutical Precautions:** Store at or below 25°C in a dry place. **Legal Status:** P. Packs: Blisters of 2 Tablets. **Price:** R S P £1.89. **Product Licence Number:** PL 0438/0084. **Product Licence Holder:** Cupal Ltd. **Distributor:** Seton Healthcare Group plc, Tubiton House, Oldham, OL1 5HS, England. Telephone: (0161) 652 2222. **Date of Revision:** November 1994.

Managed care American-style



In the second of a series of articles looking at pharmacy in the US, John Donohue examines developments in health purchasing as they affect American community-based pharmacists

Health management, or managed care, is a boom industry in the US. The basic unit in managed care is the Health Maintenance Organisation. Clients of the HMO are usually large bodies, like trades unions, insurance companies and employers, who want to offer health benefits, but lack the skills or resources to provide them.

They will contract with the HMO to provide the health benefits, and the HMOs then contract with health providers — doctors, pharmacists, dentists, hospitals and so on — to provide services directly to patients.

This role is not dissimilar from health purchasing in the UK. However, the differences become apparent when you realise that the HMO will not necessarily contract with every doctor or pharmacist in a given area, and this injects an element of competition and power into the purchaser/provider relationship.

For example, for pharmacists, there may be competition around dispensing fees, or additional services may be specified, such as counselling and information, to be given to patients.

Pharmacy input

Pharmacists are involved with HMOs in a variety of ways.

There will usually be pharmaceutical advisers working within the HMO, similar to FHSA advisers. HMOs will also contract with consultant pharmacists to provide Drug Regimen Review services in nursing homes, and with retail druggists to provide dispensing services. Each provider will be expected to invoice the HMO for services provided, though many HMOs are starting to ask their providers to control costs by agreeing to be reimbursed on a capitation basis, irrespective of the degree of use of the service.

This may be attractive to those pharmacists providing services to a number of different HMOs, and for whom sending out monthly invoices for individual patients becomes rather complicated.

One pharmacy director of an HMO in Connecticut told me recently that he saw the future of community pharmacists contracted with his HMO less in dispensing and more in education. His attitude was that the HMO is a purchaser of some very expensive health services and resources, all aimed at one outcome: getting the patient well.

If we invest in medication as the means of treatment, and either the doctor chooses the wrong treatment, or the patient takes it incorrectly, the

whole set-up collapses. These hugely expensive resources are wasted and we have to start again. This is not good for the patient, or the HMO.

Far better, said the pharmacy director, to engage our pharmacists in working with doctors to improve the treatment — educating them about drug therapy and monitoring what they do. This, in essence, is what consultant pharmacy is all about. Equally, it is essential to educate patients about medication and to encourage compliance with treatment.

"I would far rather pay a pharmacist to do this than to have them fill a prescription. It's much better use of their time," said the pharmacy director.

Prior authorisation

In the battle to contain rising drug costs, some HMOs and State Medicaid programmes have introduced an extra component to their formularies: prior authorisation. In this system, if a doctor wants to prescribe a drug for a patient outside of the formulary, permission must be obtained in advance.

For example, in the Arkansas Prior Authorisation Programme (1992), a patient may receive only two prescriptions for H2 antagonists in any 12-month period. Further prescriptions

require the doctor to fill in a prior authorisation request form which the pharmacist completes and sends off for authority to dispense.

Pharmacists may receive a retainer from the HMO for providing this service, or they may provide it as part of the overall dispensing contract.

Industry interest

Pharmaceutical companies are taking a close interest in the benefits they might acquire from becoming directly involved in health management. The downward pressures on drug costs — especially from the HMOs — mean that their influence on prescribing is in decline. They are becoming involved in directly owning HMOs.

The biggest HMO in the US, Medco, was acquired by Merck for a reported \$6.6 billion. In a similar move, Smithkline Beecham bought Diversified Pharmaceutical Services for \$2.3bn. Glaxo and Lilly were reported to have been in fierce competition to acquire another very large company, McKesson, with Lilly being the eventual winner. Both Glaxo and Sandoz are now reported to be interested in a company called Value Health.

The advantages to the pharmaceutical companies are obvious. They no longer have to expend resources on trying to persuade prescribers to prescribe their products. They can impose a formulary which includes their products as first choice. Thus they regain control of their market.

It is also true that by imposing well defined treatment protocols, based on a full assessment of the patient's clinical need, supported by extensive quality assurance activities, patient outcomes will be improved. The Government (or other institutional purchaser) keeps within budget and both the HMO and the pharmaceutical company remain in profit, which is to everybody's advantage as a proportion of the profit will be reinvested in improved services and the development of new products.

HMOs in the UK?

Certainly, one could think of FHSAs and health authorities or commissions as a type of HMO. But whether these will want to have such close relationships with the pharmaceutical industry remains to be seen. I cannot foresee such strong competition for NHS business that GPs would agree to accept, and pharmacists agree to monitor, prior authorisation protocols. However, I could see moves to pay pharmacists on a capitation basis, as this makes good sense from a purchasing perspective.

I would certainly agree with the analysis of the HMO pharmacy director who said it makes sense to pay pharmacists to educate patients. Maybe this is one area of professional development which we could share directly with our colleagues across the pond.

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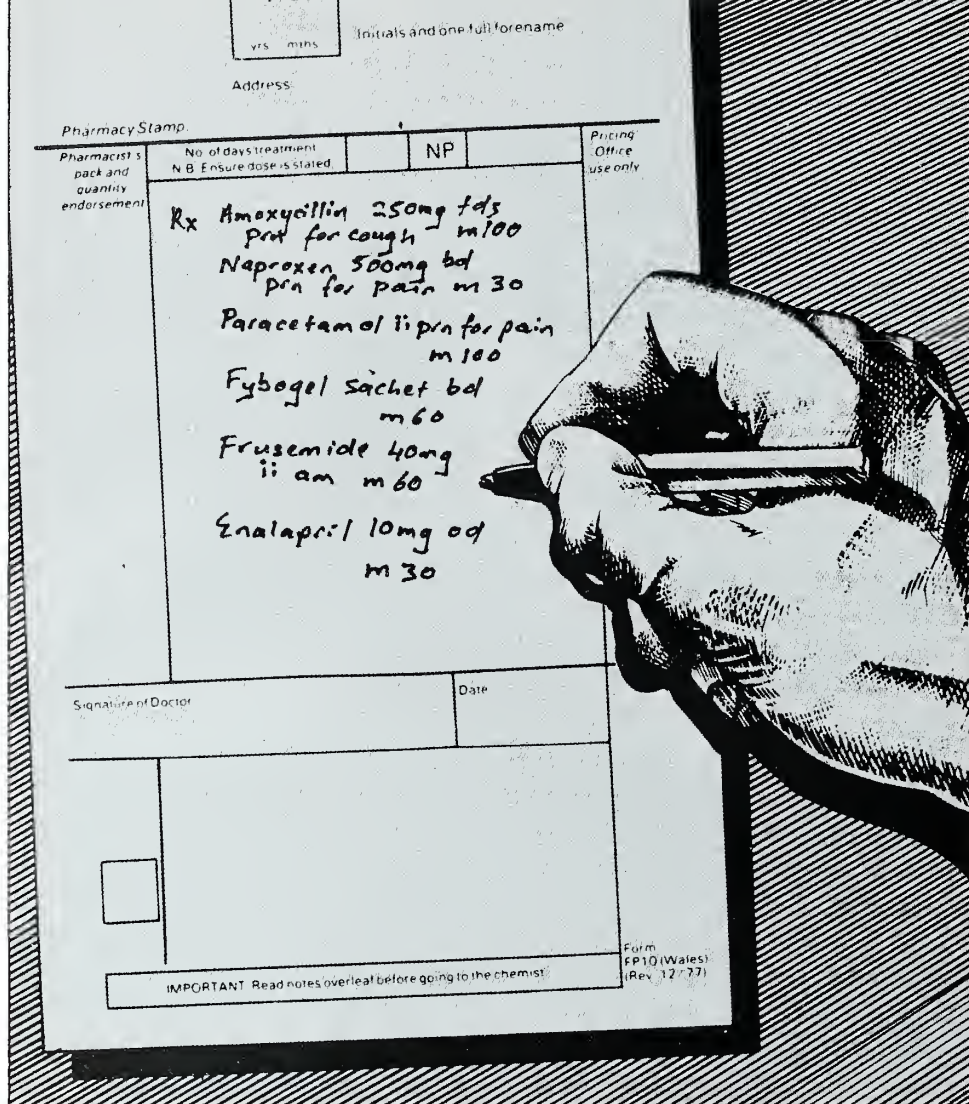


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A pensioner, one of your regulars, leaves you his monthly prescription. Why, he demands, has the doctor given him a new heart drug when he didn't ask for one? He's not puffing any more than usual and his ankles aren't any worse. He's got enough ruddy pills to take as it ruddy well is, he complains as he walks out



1. Why add an ACE inhibitor to an apparently acceptable treatment for heart failure?
2. What are the correct initial and maintenance doses of enalapril?
3. How is treatment initiated in the community and why? Do you think this is likely to be the first prescription for enalapril — what action would you take here?
4. Would you recommend a combined diuretic/ACE inhibitor formulation to help compliance?
5. He's taking quite a dose of frusemide — do you think a potassium supplement is necessary?
6. Can you see any other potential problems?



1. The combination of an ACE inhibitor and a diuretic has been shown to prolong survival and improve symptoms in patients with heart failure compared with a diuretic alone. Note that, although this gentleman has no complaints, he is still symptomatic.
2. The initial dose should be 2.5mg/day, slowly increasing to

a usual maintenance dose of up to 20mg/day. However, GPs are reluctant to prescribe doses at the top of this range.

3. Initiation of treatment with ACE inhibitors may cause profound hypotension, particularly in patients taking a high dose of diuretic; initiation in hospital is recommended if the diuretic dose is greater than 80mg/day of frusemide. In patients with milder illness in the community, it is common to give the first dose at night, though medical supervision may still be necessary. It seems unlikely that anyone would attempt to begin treatment at 10mg/day — it could, for example, be a follow-on script

after initiation in hospital — but you should not dispense it until you have contacted the GP to clarify the issue.

4. No. These formulations are indicated only if the patient is stabilised on the appropriate doses of the component drugs and compliance is a problem.

5. No. Clinically significant diuretic-induced hypokalaemia is uncommon and there is a risk of hyperkalaemia with ACE inhibitors.

6. NSAIDs may exacerbate heart failure by promoting fluid retention and they increase the risk of renal damage with ACE inhibitors, though how important this is with intermittent use, as in this case, is uncertain.

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Study forges GP liaison

An intervention study in development at St Helen's and Knowsley FHSA aims to encourage GP and pharmacist collaboration.

The study, a follow-up to a previous intervention analysis by the St Helen's and Knowsley area's pharmacy audit advisory group, will evaluate the community pharmacist's input on serious drug interactions. "We wanted to analyse how many hospital admissions are saved by pharmacists," says audit facilitator Judith Whittaker.

Ms Whittaker hopes the study will not only evaluate the safety net that pharmacists provide, but will identify problem areas.

PSNC's no to contract training link

The linking of continuing education to NHS contracts has received a thumbs down from the Pharmaceutical Services Negotiating Committee.

Responding to proposals from the Steering Committee on Pharmacy Postgraduate Education (SCOPE) on a continuing education strategy for NHS pharmacists, the PSNC says it is "totally opposed" to linking training to contracts unless it can be satisfied that contractors' costs in respect of locums and time commitment can be met. However, it is still supportive of the principle of continuing education.

Minorities miss out on health advice

Healthy living advice fails to reach ethnic minorities, even though long-standing illness is more common in these groups.

A new Health Education Authority survey of the health and lifestyle of ethnic minorities reveals health is disproportionately affected, compared to the white population; twice as many South Asian men die from heart disease before the age of 40; and Caribbeans have double the average risk of stroke.

Education is critical, but the survey noted that 25 per cent of Indians and 40 per cent of Bangladeshis had not come across any form of health education. Those that had said television and GP leaflets were their most common source.

However, improving education may be difficult as researchers discovered many people had problems understanding English.

The HEA's 'Black and Minority Ethnic Groups Health and Lifestyle Survey' is available for £15 from the Authority.

• The Defeat Depression campaign has produced factsheets in five ethnic minority languages: Bengali, Chinese, Gujarati, Hindi and Punjabi.

W Yorks looks for greater pharmacy input

Community pharmacists in West Yorkshire should receive greater recognition and, possibly, more project funding, under the recommendations of a new joint health commissioning strategy document.

The strategy for health service development in West Yorkshire will be published in April and will signify an increased role for

community pharmacists, says Geoff Newbery, director of primary care for the soon-to-be merged Calderdale and Kirklees Family Health Services Authorities and West Yorkshire Health Authority.

"In the past, the FHSA has tended to concentrate on GPs but we now need to raise our sights beyond this," says Mr Newbery.

Letters

POM to P switches need to support claims

In response to Mr Jones' letter (C&D last week), may I please draw the following points to the attention of your readers.

Efficacy of Anusol HC *versus* Anusol — my assessment was that there is little evidence that the hydrocortisone improves the base products significantly in the treatment of haemorrhoids. I still hold this view, despite the papers drawn to my attention by Mr Jones.

To demonstrate that hydrocortisone improves the efficacy of the base formulation, good comparative randomised, blind trials are required. Unfortunately, none of the three trials cited delivers in this respect.

Reference 1 is essentially a description of a dermatologist's clinical experience in the use of Anusol with and without hydrocortisone. There was certainly no randomisation of treatment or blinding.

Reference 2 details a series of case reports on the use of Anusol with hydrocortisone.

Reference 3 describes a

double-blind trial of Anusol HC formulations with and without the local anaesthetic pramoxine. There was no comparison with Anusol on its own.

Mr Jones states that the article did not seem to support the POM to P process. My brief was to inform readers about the value of the new P products over and above those currently available. If the evidence is not there, I am duty-bound to say so.

As pharmacists, we need to convey information about the products we sell as objectively as possible. Occasionally, the outcome of an objective assessment may not be as palatable as I, or manufacturers, would have hoped. Unfortunately, there is little we can do about this except to attempt to develop even better products.

Indeed, I fully concur with Mr Jones in his 'hope that pharmacists will see the continued switch process as an opportunity to forge closer links with their customers'. However, the position of pharmacists will be enhanced only if we can demonstrate objectivity in our recommendations.

Many surveys have confirmed the high esteem pharmacists are held in. This has been hard-earned because of the profession's insistence to put patients first. Of course we do not succeed on every occasion, but at least we try.

Increasingly, manufacturers will be required to objectively back up claims made for their products. The only way to do this is with well designed clinical trials of their products. Many companies are rising to the challenge and impressive data sets have been generated for some products by those companies, including Warner Wellcome. Unfortunately, with the older products this happy position is not always held.

I hope Mr Jones will accept my assurance that I am in full support of the POM to P switch process, and thank him for giving me the opportunity to state this. The sad fact is that, occasionally, the data does not enable me to state this as forcefully as I would like.

A Li Wan Po

Professor of clinical pharmaceuticals
University of Nottingham

Seasonal Hints and Tips from Reckitt & Colman

Dear Lemsip

I run a small pharmacy and do not have the capacity to stock the full quota of cold and flu products that exist on the market. Can you recommend the appropriate stock levels and degree of choice that I should offer the consumer in order to have an acceptable range?



Many of the major pharmacy retailers calculate their choice of stock according to sales data.

This will provide a list of main brands and respective cash rates of sale - a valuable tool for deciding which cold and flu brands to stock. Remember to bear in mind that you should also buy in products that you know sell well locally but which may not feature so well in terms of sales on a national level. Up to date sales data and other merchandising tips are scheduled to be available from NPA mid 1995.

National sales data will also be of great help to you when deciding whether to stock a brand that you do not already have. It will give you an idea of whether this brand is performing and lessen the risk for you when you come to taking the decision.

Plonograms are also useful for estimating how much space to allocate to individual product lines and consequently, how much stock to buy to fill the space. You should also be taking notice of products that are well advertised, such as Lemsip, as the loss of this sale could result in losing other potential sales in-store.

This more methodical approach to stock levels will inevitably impact upon the choice of brands you are able to offer. The most important factor according to Reckitt & Colman is that your pharmacy should aim to be as profitable as possible by maximising sales per square foot.

For further information, contact the Medical Information Unit.

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New Products

Product launches in 1995 will open up further opportunities for you to extend your Weleda range and offer a truly specialist selection of cruelty-free natural bodycare.



New additions to our Iris Skin care range include a refreshing Toning Lotion and an all-over Moisturising Balm. Look out for Weleda's new Sun Tan Cream for Summer protection, plus a classic men's range in time for Christmas. And we'll be promoting our latest products with new sample sizes to encourage trial and help you to introduce your customers to the Weleda range.

Support Literature

A new full-colour Weleda Medicines booklet will soon support the range in-store. To encourage brand loyalty and a better understanding of the Weleda range, we'll be celebrating this Spring with a new publication, "Weleda News". We plan to produce two editions each year and, as with all Weleda literature, it will be freely available for you to give to valued customers. For our part, we will be sending out thousands of copies via direct mail to bring more customers into your store with news of our latest products.

New Training Resources

Over the years Weleda has shown a continued commitment to education and training and this year is no exception. In addition to our regular training programme, we are introducing a new seminar this year specifically designed for the pharmacy assistant. And our new collect-and-keep Training Manual

will ensure you have the vital information you need to counter-prescribe the best Homoeopathic or Anthroposophic medicine for particular ailments.

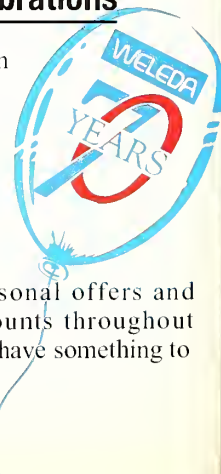
Building for the Future



Eyecatching point-of-sale material will give you a whole rainbow of fresh merchandising ideas for 1995. There are building bricks for stacking displays, birthday balloons, window decals, stickers, posters, showcards - we've put together a whole package to help you to healthier profits. Plus the chance to win some exciting prizes along the way with our nationwide window display competition.

Birthday Celebrations

In appreciation of your continued support over the past seven decades, we have planned an unprecedented series of launch promotions, seasonal offers and unbeatable discounts throughout 1995. So we'll all have something to celebrate!



Happy Anniversary!

1995 marks a special anniversary for Weleda UK. We have specialised in the manufacture of Anthroposophic and Homoeopathic medicines and natural bodycare products since 1925. Seventy years' experience means Weleda is the name you can depend on for your complementary healthcare.

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Our range of Anthroposophic Medicines has grown over the past 70 years so we now offer you a choice of more than 100 OTC remedies, plus an extensive range of P and POM medicines, and medicinal herbs and teas. This year best-selling Weleda Medicines will be backed by a national advertising campaign to reach record numbers of new customers regularly through the daily press.

HOMOEOPATHIC MEDICINES

Weleda Homoeopathies have likewise developed since those early days, and Weleda now offer two OTC ranges, a comprehensive list of dispensed specials, a full dispensing service and a pharmacy Helpline. This year informative new literature will be available for use in-store, and of course the vital training to help you advise your customers.

BODY THERAPY

Last year saw the launch of Weleda Body Therapy, our cruelty-free bodycare range made with essential oils. New product launches in 1995 will mean more exciting profit opportunities for you this year. And we've put together a colourful support package of imaginative point-of-sale and window display material so you can join in our anniversary celebrations.



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Natural medicines - time for a re-think?

In 1894, Matthews and Wilson Ltd — now Larkhall Natural Health — was founded in South London. The company made a vast range of herbal products as pills and liquids to BP and other requirements, providing a selection of remedies for the relief of common ailments. The present managing director, Dr Robert Woodward, looks back on a century of operating in the market of natural medicines, and gives his personal view of the industry's present status and of the way forward in the future

It was not until the 1930s that product ranges changed. The influence of the medicinal chemists and the 1933 Pharmacy Poisons Act were a watershed. The discovery of M&B 693 (Sulphanilamide) and penicillin began a revolution which, assisted by the birth of the National Health Service in 1948, changed the scenario for medicine makers beyond recognition.

The trend could be seen in the dramatic changes in *The British Pharmacopoeia* from 1948 through to 1963. In the early 1950s, pills still retained a good deal of the Matthews and Wilson production, but tablets were gradually taking over as a priority.

At this time, pharmaceutical schools were changing emphasis. Botany and pharmacognosy were reduced, while organic chemistry and pharmacology expanded. The future was with the chemists and their powerful organic molecules with specific physiological effects. I was at college around this time and remember feeling increasingly



Dr Robert Woodward points the way forward

uneasy about the abandonment of our 'roots' and the blind faith in the power of the new molecules. It seemed clear to me that when the body was presented with a new chemical — while it might have beneficial short-term effects — in the long-term it could cause mayhem with body chemistry.

In that climate, it seemed certain that tragedy just around the corner and, sure enough, it came in the 1960s with thalidomide and the birth defects it caused. Barbiturates were found to be addictive, antibiotics were losing their effectiveness.

No 'Green' Act!

The problems, none of which were related to herbal or homoeopathic medicines, led to public demand for more controls of products and manufacturers. The Medicines Act 1968 was born. I have been told the word 'medicine' in the Act was brought in at the request of the Royal Pharmaceutical Society, which did not want the term 'drug' used. In hindsight, it should have been a Drugs Act. In those circumstances, it probably would have left out herbal and homoeopathic products.

The herbalists thought that they should be included in this new Act, since their profession needed medicines. What they and the homoeopaths forgot was that any regulation in the medicines' area would be interpreted by people trained in the ways of modern medicine, simply because the medical and pharmacy schools were training people in

disciplines relevant to those products. Producers of the modern medicines would have an influence commensurate with their market power. The herbalists and homoeopaths would be in the wilderness regulated by bodies which had no concept of their products or philosophies. It is that legacy which has led to the problems for herbalism in the 1990s.

Safety of products must be paramount. However, 'safety' may be rationally defined and cannot be absolute. Even after the development of the licensing system, drugs passed as safe by the authorities have subsequently proved far from that. As a result, more and more controls have been brought in and, while these may be correct for new chemical entities, they have no relevance to herbs or homoeopathy. Particularly when one considers that no serious multiple incident has occurred with a herbal or homoeopathic product.

Naturally safe?

Natural does not mean safe, yet even the National Poisons Unit report on herbs — made so much of in the press recently — in no way demonstrates that herbal or nutritional products pose safety threats to the population. No one should decry the NPU's efforts in continuing vigilance, but what it proves so far is that there is no cause for major concern in the herbal area.

How can people trained to understand purity of a single molecule produced by a known series of reaction stages begin

to comprehend a naturally-made herbal ingredient which contains a whole spectrum of 'active principles' in amounts that vary, depending on the climate, time of collection, plant subspecies, etc? If a product contains four or five such ingredients, the chemistry and pharmacy alone would defy every organic chemist in the world. It is impossible to ever be 100 per cent sure of a herb content. As for having to answer questions on pharmacokinetics posed by officials at the Medicines Control Agency examining herbal products, I'd like to know if they have got straight faces. If they have, then perhaps we should move in the men in the white suits now!

An equitable regulation of herbs must be drawn up and enforced by people qualified in herbal medicine. The situation is unfair to manufacturers and consumers. Some herbal manufacturers deliberately exploited the licences of right granted to them in 1971. They have converted these to full licences, because of political pressures, not because of technical excellence so far as chemistry, pharmacy and pharmacokinetics is concerned. These companies (all of which are smaller than any drug company of note) have enforced and abused a monopoly against consumer interest.

A similar situation exists for homoeopathy. These monopolies must be broken. They are stifling progress in natural medicine because, under the present system, no

really new herbal medicines are being introduced.

Consumer pressure

Consumer pressure has ensured continued availability of herbals and homoeopaths, but these lay-consumers do not really understand that the industry is up against some of its own, as well as the pharmaceutical monopolies. Recently, the MCA threatened to eliminate certain protections under the Act for practising herbalists. This problem has been temporarily overcome while experts define the term 'industrially produced' before new proposals are put forward. This is a waste of resources because what they should be debating is how to remove herbals and natural medicines from the straitjacket of the Medicines Act 1968.

All herbal medicines and homoeopaths should now be decontrolled, except those containing a limited list of herbs and including those previously controlled under the Pharmacy and Poisons Act 1933. Natural medicine then returns to the status quo of 1968.

Modest claims

Modest claims should be allowed for nutritional and herbal products without companies having to resort to Barbara Cartland-style plugs on the Jimmy Young show, or advertorial offers in the press, in a bid to circumvent the rules.

I am sure that voluntary control through the Advertising Standards Authority and

labelling through the trade bodies could work well — and at no cost to the Government. This would protect the public from abuses and open fair competition.

Consumers need protection from powerful synthetic drugs, but powerful financial interests have exploited safety of such products, in collusion with the Government, to provide expensive preparations which are not necessarily safe and that are costing tax payers too much. A total return to natural medicine is not what is wanted or desired, but people expect their masters to be sure that when they have something like migraine — a drug at £16 or so a dose is really worth that much more than a packet of 100 herbal pills of Feverfew for £3.

Equally, they need to be sure that modern drugs are not just distorting lifestyles. Perhaps if there were no powerful asthma drugs available, Government would be looking harder for the real cause of that problem. More importantly, are those drugs really helping the situation in the long-term?

Finally to evening primrose oil, a natural oil which has been transformed by publicity and commercially-controlled research to become a drug prescribed for eczema and breast pain at great cost to the NHS. All this oil really does is to correct a dietary imbalance which could be achieved by lifestyle changes without cost to the Government. If doctors wish to prescribe dietary



Production techniques have changed, along with philosophies

supplements for patients, good luck to them, but tax payers should not be asked to pay.

Herbal medicine products, as well as homoeopaths, must be removed from the control of the Medicines Act. If the Government believes that controls are necessary, a new

way must be found which is equitable to all. It is wrong to have enforced and passed a law (the Medicines Act) which can only be obeyed by a particular group of medicine manufacturers. Would it be right to make a transport law that only motor cars could pass?

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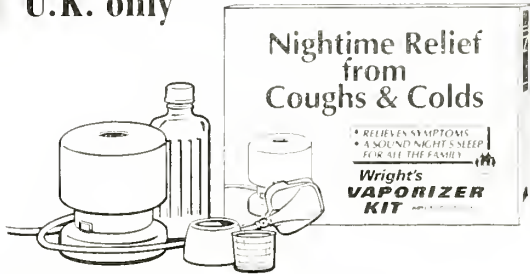
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Glaxo's £8.9bn bid for top spot

If Glaxo's £8.9 billion offer for Wellcome comes to fruition, the deal will create the world's largest drugs company, giving it economies of scale to develop the next generation of drugs and further develop the two groups' penetration of the OTC market.

The combined company will have a global market share of 5.3 per cent, ranking it number one ahead of Merck and Co. According to Glaxo, the merged companies, to be called Glaxo Wellcome, will strengthen the marketing of Wellcome's drugs and improve its penetration in the US and other emerging markets, where Glaxo has a strong sales infrastructure.

If Glaxo is successful in the takeover, Glaxo Wellcome will have a combined R&D spend of over £1bn, to help develop more drug technologies based upon cellular and molecular biology.

A conditional offer was agreed between Glaxo and the Trustee of the Wellcome Trust late last Sunday evening. The offer for the Trust's 39.5 per cent shareholding is subject to the production of a High Court order, allowing the Trustee to enter into the irrevocable commitment to accept the offer. The final announcement of the deal takes place on January 27, after *C&D* went to press.

If the Trust accepts the offer, it will be issued with 161 million new Glaxo shares, representing 4.7 per cent of Glaxo's enlarged share capital.

Sales up at Superdrug

Superdrug sales increased by 1.6 per cent in the 23 weeks leading up to January, according to figures released by parent company Kingfisher.

The company says the like-for-like sales performance has improved after a 2 per cent decline in the first half.

Gross margins for Superdrug have been improved, according to Kingfisher, and it expects a good increase in profitability for the full year.



Wellcome chief executive John Robb: in the light of Glaxo's unsolicited bid his company is evaluating all options

Glaxo has valued each of Wellcome's shares at 1,025p, 49 per cent up on the January 20 share price of 668p, the last dealing day before the announcement of the final offer. This offer will be made on the basis of £722 in cash and 47 new Glaxo shares for every 100 Wellcome shares.

As *C&D* went to press, Wellcome plc had no comment on the takeover. It issued a statement through its advisors, Baring Brothers. The statement says: "Having regard to the unsolicited nature of the proposed bid, the Board is evaluating all available options for the company and its shareholders before reaching a conclusion on the course that it would recommend shareholders to pursue."

Glaxo, with its war chest of £2bn, has been on the acquisition trail for some time. Glaxo deputy chairman and chief executive Sir Richard Sykes says the company has been pursuing possible deals for the past 12 months.

Sir Richard says Wellcome was earmarked as a possible purchase because of its relatively small market share of 1.4 per cent. "Any company larger than this would have been difficult to integrate," he says.

The strength of both com-

panies in similar markets and the 'synergy' in product lines with no particular overlap were also prime reasons for the purchase, says Sir Richard.

The two companies have different portfolios of existing products, with Glaxo strong in asthma and respiratory drugs, while Wellcome depends on the sale of anti-virals. Both have strong research pedigrees, with complementary product lines for HIV/AIDS, hepatitis, cancer and migraine.

There are obvious duplications in facilities and Sir Richard confirms that jobs are likely to go from research facilities, labs and sales and marketing, although the number of job losses, from a combined worldwide workforce of 62,000, have yet to be announced. City analysts estimate that as many as 17,000 staff could lose their jobs.

Sir Richard denies that the failure of Wellcome's Zovirax drug to gain immediate US OTC approval has any bearing on the decision. Both companies' best-selling drugs, Zovirax and Glaxo's Zantac — each making up 40 per cent of their respective companies' sales revenues — have patent expiry dates towards the end of the decade.

Sir Richard says the combined companies' resources would allow increased drug development and faster time to market. He maintains the marketing ventures with Warner-Lambert will still go on, although there will have to be some changes.

The acquisition is Glaxo's first since 1977 and represents a shift in corporate strategy in recognition of the changing nature of the pharmaceuticals market. The group has previously preferred to grow organically and has shunned the trend for buying distributors, with the Wellcome bid showing a preference for horizontal rather than vertical integration.

Glaxo has a new chairman in Sir Colin Corness, who took up the position last week, four months early. His appointment was announced last year after the resignation of Sir Paul Girolami as chairman and director.

Pattni writ for Lloyds

Praddip Pattni, whose company Ideal Health Group Ltd last year acquired his former businesses, Vital Health Ltd and Ideal Health plc, from the receiver, Ernst & Young, has now personally acquired Vital Health's £392,786 claim against Lloyds Chemist Group subsidiaries, Farillon and Barclay.

Ernst & Young discontinued the court process begun with a writ for £396,786, issued against the Lloyds' subsidiaries on November 21 (*C&D* November 26, 1994 and January 7, p25).

A company spokesman for Lloyds says: "This is a claim without foundation which will be vigorously resisted. It is the same claim as made previously by Vital Health Ltd [in receivership], which was withdrawn."

EMEA officially open

The European Agency for the Evaluation of Medical Products (EMEA) officially opens its doors for business this week at 7 Westferry Circus, Canary Wharf, London E14 4HB.

The new Committee for Proprietary Medicinal Products met for the first time last week. Professor Jean-Michael Alexandre (France) has been elected as chairman and Dr Henning Hovgaard (Denmark) as vice chairman, both for a period of three years. The UK members of the CPMP are David Jefferys and Susan Wood.

The full list of European experts upon which the EMEA will depend for vetting licence applications will be available to the Agency before the end of the month.

Security costs soar

The cost of crime and the number of incidents have risen, despite retailers spending a record £580 million on security in 1993/94, according to a British Retail Consortium survey.

Chemists were not among the big purchasers, spending on average £2,126 per £1m turnover on crime prevention, slightly below the average of £3,677.



The Pharmaceutical Marketing Society's 1994 Craft Award for an OTC advertisement went to Zyma for a Eurax 'Itchy Feet' advert. Zyma's group brand manager, James Ball (left), receives the award from C&D's publishing director Felim O'Brien. C&D's publisher, Benn Publications, sponsored the award, presented at the Grosvenor House last Friday

Gatenby calls for focus on the future

The role of pharmacists in influencing prescribing policies and monitoring drug usage is well established in hospitals and is showing signs of real growth in the community.

But these are conventional roles, Mike Gatenby, general manager of Zeneca UK, told industry and advertising executives at the annual Pharmaceutical Marketing Society Advertising Awards.

"New roles are emerging that require more detail in definition and considerable work to be established," he continued.

Strategically the pharmacy of the future will focus on patient-led services such as health promotion and OTC counselling. "Indeed, OTC will probably be replaced with more

appropriate consultation facilities on-site, and this is starting to happen," he said.

Mr Gatenby forecast that pharmacy benefit managers, whose role in the US is to get the best value for money for the payer in terms of medicine supply,

would certainly be seen in some form in the UK, despite comment from the NHS Executive.

The industry had responded to the changing NHS with regional business teams emerging, and regional marketing not too far away, he said.

UK trails in Europe on drug spend

The UK spends relatively little on drugs, lagging behind Germany, France and Italy in Europe, according to market research figures on global sales from January to October last year.

Drug purchases from UK retail pharmacies totalled \$4.5 billion, an increase of 8 per cent, but less than half of the expenditure of Germany or France, according to IMS International's study of the world's top ten drug buyers.

Italy is the only country where drug sales fell in the first ten months of last year, compared to the previous year, dropping 6 per cent to \$6.1bn. The survey showed growth in Europe's top seven countries of 3 per cent, with combined sales of £38.4bn.

Despite pressure worldwide from governments to cut spending, there was a rise of 5 per cent, compared with the same period in 1993, with sales in the top ten markets climbing to almost £100bn.

The US, where president Clinton's health reforms have been stalled, was the biggest spender with sales of \$43bn, a rise of 8 per cent over 1993 figures.

The biggest increase in sales by therapeutic area was central nervous system drugs, which recorded an 8 per cent rise to \$12.7bn in the top ten markets. Cardiovascular drugs were the biggest worldwide sellers, recording an increase in Europe of 23 per cent to \$8.7bn.

The top ten markets are: the US, Japan, Germany, France, Italy, the UK, Spain, Canada, the Netherlands and Belgium.

Shopworkers complain of lack of training

Shopworkers say they don't get enough training, according to a new report called 'Training Matters'. Nearly 2,000 employees were questioned by researchers at Leeds University, funded by the Distributive Industries Training Trust. The report discovered that shopworkers receive on average a total of 5.75 days' training with their current employer, getting about one day of training per year of service.

More LIG brands up for sale

London International Group is continuing with its rationalisation programme by putting up for sale two more of its non-core over the counter brands. It is looking to sell off Goddard's Embrocation (turnover £150,000) and Wright's Vaporiser products (turnover £500,000) for an undisclosed sum to any interested buyer.

Andrew Reynolds, group legal adviser for LIG, says: "We want to sell as soon as possible, but it will not be a fire sale. We will only sell

for the appropriate price."

Wright's soap brand and associated stock were sold off last year to Smith & Nephew for approximately £2.4 million. Buttercup, Galloway's and Liquifruta were sold to Unilever. LIG is still negotiating the sale of Eucryl toothpowder, which was put on the market last April.

The sales are in line with LIG's strategy to dispose of selected non-core UK health and beauty brands, leaving it to concentrate on its condoms and gloves.

Coming Events

Wednesday, February 1

Sheffield Branch, RPSGB, at The Jessop Hospital for Women, 7.30 for 8pm. 'The chemistry of sudden death' by Dr A R W Forrest, clinical director of laboratory medicine, the Royal Hallamshire Hospital.

Aberdeen and NE Scottish Branch, RPSGB, at the Postgraduate Centre, Aberdeen Royal Infirmary, 8pm. A review of alternative site care, including oxygen therapy and respiratory care.

Edinburgh & Lothians Branch, RPSGB, at the Scottish Department of the Royal Pharmaceutical Society, 36 York Place, Edinburgh, 7.45pm. 'Medical hypnosis' by Dr Prem Misra, consultant psychiatrist, chairman of academic committee, British Society of Medical and Dental Hypnosis, Scotland.

Thursday, February 2

Slough Branch, RPSGB, at the Training, Education and Development Centre, King Edward VII Hospital, Windsor, 7.15 for 8pm (buffet). 'Brainwaves — epilepsy' by Dr Ley Sander, Chalfont Centre for Epilepsy.

Advance Information

Barking, Havering, Redbridge and Waltham Forest Local Pharmaceutical Committee is holding a New Year's contractors meeting on January 30, 7.30 for 8pm (buffet) at Palms Hotel, Southend Road, Hornchurch, Essex. Speakers are David Sharpe, PSNC chairman; Mary Allen, head of professional and information services, NPA; and Mary Tompkins, head of prescribing at North Thames Regional Health Authority. Details from Hemant Patel, telephone: 0181 984 7917.

European Proprietary Medicines Manufacturers' Association is holding a members' meeting on January 31 (buffet evening on January 30) at the International Britannia Hotel, Canary Wharf, London. 'The new European marketing authorisation system: an opportunity for self-medication?' Details from AESGP, tel: Brussels 32 2 735 51 30.

The Association of LPC Secretaries is running a presentation skills seminar on February 9 in York and February 14 in Manchester. The seminars are open to all ALPS members. Details from Jean Rothwell, telephone: 01204 847896.

Numark signs 780

Just over 780 community pharmacists have signed with Numark in the run-up to the deadline of January 31. Managing director Terry Norris says he is confident that Numark will pass its target of 800 members by next Tuesday.

Retail sales up

Retail sales in December were 0.5 per cent above the November figure, and 3.8 per cent higher than December, 1993, according to seasonally-adjusted estimates by the Central Statistical Office.

New trading name

Mawdsleys (Yorkshire) Ltd is the new trading name of Smith & Hill (Sheffield) — the local pharmaceutical wholesaler bought by Mawdsley, Brooks & Co in February last year.

Pfizer sales up 11pc

Pfizer Inc sales rose by 11 per cent for the year to \$8,281 million with a net income of \$1,298m (\$4.19 per share).

Comparisons exclude pre-tax charges taken in 1993. Total sales of pharmaceuticals rose by 18 per cent for the fourth quarter and 13 per cent for the year.

Roche results

Sales in Roche's pharma sector rose 7 per cent to Sfr8.3 billion. The figures exclude sale from the Syntex Corporation. Sales for the Roche company as a whole rose by 3 per cent to Sfr14.7b.

E Merck share buy

E Merck has acquired a further 43.57 per cent of Lipha S A shares from Rhône-Poulenc. E Merck now owns 95 per cent of the capital of Lipha. Under the terms of the transaction, Lipha also acquires 25.11 per cent of the capital of Lipha's subsidiary Pharminter, held by Cooper.

Zeneca staff rights

Zeneca staff at various plants in the country have held a lunchtime demonstration to protest over the company's stance on trade union rights.

Classified

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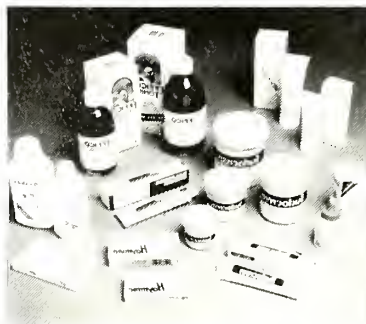


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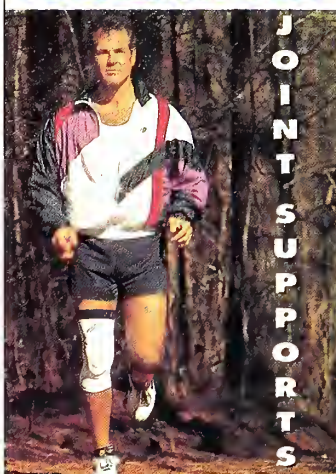
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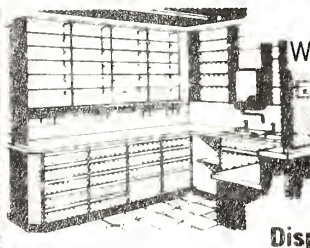
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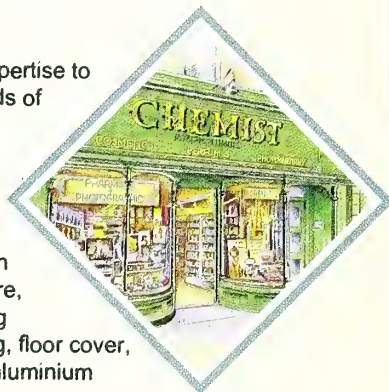
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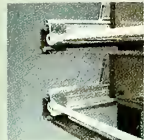


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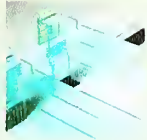
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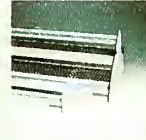
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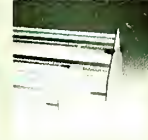
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About people



AAH clocks in over 2,000 BNFs

AAH Pharmaceuticals has collected more than 2,000 old copies of the *British National Formulary* for Commonwealth Pharmaid Week (January 9-14).

AAH van drivers picked up thousands of copies from pharmacists around the country and dozens were also donated by the Department of Health at Whitehall.

The Commonwealth Pharmaceutical Association asked the company for its help in the operation after its successful contribution last year.

The books will now be handed over to Book Aid International for

Left: Jon Merrill, deputy chief pharmacist at the DoH, and Elaine Harden of the Royal Pharmaceutical Society load outdated copies of the BNF into a Vantage van, courtesy of AAH Pharmaceuticals

distribution to pharmacists and other health professionals in developing countries who are short of reference books.

More than 47,000 copies of the BNF and 250 copies of *Martindale's Extra Pharmacopoeia* have been collected as part of Pharmaid since 1987. A record 14,000 BNFs were collected in 1989.

Riotous winnings

A Chepstow pharmacy which was damaged during a drunken street riot went on to win first prize in a local shop window display competition.

Pharmacist Peter Merrick from P C Merrick, Chepstow, Gwent, spent around £250 on replacing his shop window after it was smashed by vandals during a drunken fight. Says Mr Merrick: "They didn't take anything, but there were a lot of witnesses from the pub next door."

The rioters also smashed the windows of a Red Cross branch and a house along the same road. Although Mr Merrick believes the incident was a 'one-off', he has stepped up security for the shop and the local council is looking to introduce security cameras along the High Street.

Assistants Ros Williams and Dawn Howells-Ross were undeterred by the incident and spent the next weeks arranging



Mayor John Huntley presents the trophy to Mrs Howells-Ross and Mrs Williams

the shop window on the theme of a Christmas tea party for the annual local town council competition.

Their efforts paid off and Chepstow's mayor, councillor John Huntley, presented them with a trophy and a £50 cheque, which they will spend on a night out in a restaurant.

Mr Merrick says: "They spent more time on preparation this year and I left them to it rather than becoming involved. It was nice to get somewhere."

Appointments

Croydon appoints facilitator

Sheila Chantler has been made community pharmacy development facilitator by Croydon Health Commissioning Agency.

The part-time post (a 12-month contract) involves the evaluation of training needs of community pharmacists and their staff, and facilitating audit projects. Croydon HCA is subsidising an MCA Part I course, starting on February 28.

Ms Chantler has practised as an independent community pharmacist and was previously audit facilitator for Wirral FHSA. She is also a tutor for the Centre of Pharmacy Postgraduate Education for Wirral and Chester.

Wrafton Laboratories has appointed **John Marengi** as sales and marketing manager.

Yardley of London has made **Sue Binnie** group marketing director.

John Leslie has been reappointed chairman of the Orkney Health Board.

Gordon Hockey is the new secretary to the Royal Phar-

maceutical Society's statutory committee.

North Thames Regional Health Authority has appointed new chief executives to head up its health agencies: **David Johnson** for North Essex; **Graham Butland** for South Essex; **Victoria Hardman** for Camden & Islington; **Chris Outram** for Enfield & Haringey/New River; and **Laura Noel** for Redbridge & Waltham Forest.

Boots Contract Manufacturing has taken on **Ann Griffiths** as head of marketing sales for UK retailing and **Ross Crombie** as head of sales to Boots The Chemists.

Fred Hooker has been appointed UK sales manager for the Kleenkut Group.

Davina Health & Fitness has appointed **Belinda Lancaster** as its marketing manager.

Sarah Gant has been made head of communications at Sanofi UK.

Warwick Owen has been promoted to marketing director of Wilkinson Sword.

Zenaca has appointed **Michael Pragnell** as CEO of agrochemicals and seeds.



Seventeen Lincolnshire pharmacy assistants have completed the MCA Part I course, subsidised by Lincolnshire Local Pharmaceutical Committee and Lincolnshire Health. Part II has already started and the courses are anticipated to run again in April. Joanne West, course organiser, and Alistair Farquar, course tutor, are pictured with the Part I participants

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TAGAMET 100 cimetidine

Product Information Presentation White elliptical film coated Tiltab tablet containing 100 mg cimetidine. **Dosage and administration** Adults (incl. the elderly), children 16 years and over: Relief of heartburn, dyspepsia, hyperacidity: Two tablets with water when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose may be taken, but no more than 4 tablets in any 4 hours and no more than 8 tablets in any 24 hours. Prophylactic management of nocturnal heartburn: One tablet with water one hour before bed time. In all cases, not to be taken for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. Not to be given to children under 16 years of age. **Use** Short-term symptomatic relief of heartburn, dyspepsia, hyperacidity. Prophylactic management of nocturnal heartburn. **Contra-indications** Hypersensitivity to cimetidine or any of the excipients. **Precautions** Not recommended in patients: with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with compromised bone marrow; in pregnancy and lactation. Use only on a doctor's advice in patients:

with any other illness, using any medication, under medical supervision for other reasons, with a history of peptic ulcer who are now using NSAIDs especially the elderly. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of reversible impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number** 0002/0230. **Retail Price** Tablet (12's) £2.29, (24's) £3.99. **Legal category** P. **Date of preparation** 19th August 1994. 'Tagamet' and 'Tiltab' are trademarks. **SmithKline Beecham Consumer Healthcare**, SB House, Brentford, Middlesex TW8 9BD. Telephone number: 0181 560 5151.

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ENTROTABS PRODUCT INFORMATION **Presentation:** Brownish round, flat, bevelled edge tablets containing Attapulgite BP 360mg, Dried Aluminium Hydroxide BP 100mg, and Pectin USP 50mg. **Uses:** As an adjunctive treatment for the symptomatic relief of stomach upsets and diarrhoea. **Dosage and administration:** Adults over 12 years: 4 tablets at onset, then 2 tablets every three or four hours. Children 6-12 years, 1 tablet every four hours. The tablets should be taken with plenty of fluid. Not suitable for children under 6 years, except on medical advice. **Contraindications, warnings etc:** Precautions: In addition to the use of Entrotabs it is important to replace body fluid lost as a result of diarrhoea. If symptoms persist for more than 24 hours consult your doctor. If symptoms of dehydration are present, adequate fluid and electrolyte replacement have to be instituted. **Pharmaceutical precautions:** None. **Package quantities:** Original packs of 24 tablets. Legal category: GSL **Product licence number:** 10536/0018 **Product licence holder:** Monmouth Pharmaceuticals Limited, 3 & 4 Huxley Road, The Surrey Research Park, Guildford, Surrey, GU2 5RE. **Date of preparation:** November 1994. ***Trademark registered user:** Monmouth Pharmaceuticals Ltd.

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OTC

JANUARY 1995

OVER THE COUNTER



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FISONS
Pharmaceutical

January 21, 1994

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OTC

OVER THE COUNTER

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January 1995

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Zovirax* Cold Sore Cream in this issue is launching a competition to win a day at a top London health club

Suffering from New Year blues and the strain of returning to work? Has a recent bout of flu or a cold triggered off an uncomfortable and unsightly cold sore? Zovirax* Cold Sore Cream offers the ultimate remedy - the chance to win a whole day of luxurious pampering at a top London health club. Fancy a swim or a work-out, an aromatherapy massage, a herbal body wrap or a jacuzzi? Then turn to page 32 for further details, and to discover what treats we have in store for the lucky runners-up.

*Trademark. Always read the label (contains aciclovir).



Happy New Year to you all! As we all know, January is usually the time we try to make good resolutions and give up any bad habits. We might make an effort to do more exercise, give up smoking or to eat a healthier diet. Working in the pharmacy you are ideally placed to encourage and support people who may be considering some of the popular options.

On a different note, by now you should have written protocols to follow when selling a medicine or when a customer asks for advice for a medical condition. I'm sure that for many of you it was only a matter of putting down in writing good practices you have been following in your own pharmacy before the word 'protocol' was a gleam in the Society's eye.

In case you've been wondering, the idea of using protocols was introduced by the Royal Pharmaceutical Society after a series of consumer investigations suggested that the advice given to customers when buying pharmacy medicines was not as good as it could be. As pharmacy medicines are the unique selling point of pharmacies it was felt that a more formal system was needed for their sale.

Finally, if you are one of the few who has not yet suffered a cold, count yourself lucky. If you have been less fortunate, like me, you're probably looking forward to the warmer weather we should have when OTC comes out again in April.

Maria Murray
Supplement Co-ordinator

NEWS

There is a widespread, but mistaken belief that heart disease is a male problem. In fact it is the biggest killer of women in the UK, accounting for one in four deaths — 76,000 women annually. A new report has revealed that women could be facing an epidemic of heart disease in the near future as a result of increased levels of smoking in women and an ageing population which has a higher proportion of women. The male myth regarding heart disease has also contributed to women receiving inferior treatment for the condition. Research has revealed that women are less likely than men to be referred by their GP for specialist examination for suspected heart disease, are referred for treatment later in their illness, are less likely to receive surgical treatment, such as a bypass, and not surprisingly, take longer to recover than men. In its report, the National Forum for Coronary Heart Disease Prevention recommends more research into heart disease in women, action to reduce smoking in women and girls, and a national education campaign to raise awareness of the problem.

● **Coronary heart disease: are women special?** is available, price £11.50 (including p&p), from **Women and Heart Disease, PO Box 7, London W3 6XJ**. Cheques payable to BSS.

● The British Heart Foundation has also produced a leaflet on heart disease and women. Copies can be obtained by sending a large, stamped, self-addressed envelope to: **Women and heart disease leaflet, British Heart Foundation, 14 Fitzhardinge St, London W1H 4DH**.

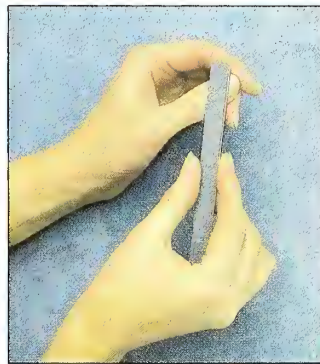


Congratulations to Yvonne D'Silva, the winner of the Just for Men competition, recently featured in OTC. Yvonne, who works at the Broadwick Pharmacy in London is pictured here receiving her prize of a Sharp Viewcam Camcorder from Derek Joys of Combe International

You can discover a lot about a person by looking at their nails — and not just if they're a confirmed nail nibbler.

According to Dr David Fenton, a consultant dermatologist at St Thomas' Hospital London, a brief inspection of the nails can reveal the history of past and present illness, such as skin problems, and kidney disease as well as arthritis and dietary deficiencies.

Sudden serious illness such as a heart attack or pneumonia can totally stop growth which produces horizontal depression or ridges on the nail surface. Lines can appear in a matter of days depending on the severity of the illness. It is an old wife's tale that white spots on the nail mean the person is lacking in calcium, they usually are caused by bumps and bangs to the nail. Pale nails can indicate anaemia.



Gargle Week

The second National Gargle Week, sponsored by TCP, begins on January 30, 1995. During the week there will be the launch of new consumer research into gargling and promotions through newspapers, magazines and radio.

Migraine misery

'Managing migraine — putting the pieces together' is a booklet from Roche for migraine sufferers. It includes information on identifying trigger factors and warning signs of a migraine attack as well as advice on how to cope with attacks. It has been endorsed by the Migraine Trust and the British Migraine Association. Copies are available by writing to: **Roche Consumer Health, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY**.

No Smoking Day

Wednesday, March 8 is No Smoking Day when an estimated two million smokers will try to give up cigarettes for good. The No Smoking Day campaign is calling on all pharmacy staff to help raise awareness of the day and to offer advice and support to those who want to give up. This year the group selected for special emphasis is smokers aged 40-50, a time when a mid-life crisis may prompt concerns about health. Information leaflets will be distributed through pharmacies. Helplines will be in operation with advice on giving up: England (Quitline), **0171 487 3000**; Scotland (Smokeline), **Freephone: 0800 848484**; Northern Ireland, **01232 663281**, and Wales, **01222 641888**.



Smoking to death

The latest results from the world's longest running study of smoking reveal that the hazards associated with long term smoking have been underestimated. According to the study update, published in the *British Medical Journal*, half of all regular smokers will die as a result of their disease. The study also linked smoking to 24 diseases ranging from cancers of the lung and stomach to tuberculosis and heart disease.

However, on a brighter note the study confirmed that it is never too late to give up smoking. Even smokers who gave up at 65-74 years of age had lower death rates (after the age of 75) than those OAPs who continue to smoke.

January 1...

From January 1 all oral and external liquid medicines dispensed from bulk must be dispensed in a reclosable child resistant container unless:

- The patient is elderly or handicapped and will have difficulty opening a CRC
- The liquid is a sticky suspension or syrup which is incompatible with the closure and likely to clog up the mechanism
- The customer or patient specifically asks that a CRC not be used.

From January 1 part-time workers are entitled to the same compensation rights for redundancy and unfair dismissal as full-timers.

Part-timers who work between eight and 16 hours a week can now claim redundancy compensation after two years' continuous service instead of five.

Sunburn and the possibility of developing skin cancer are two of the less well-known hazards of a skiing holiday. As part of its skin cancer awareness campaign, the Health Education Authority is promoting the **RAW** facts on how to avoid burning:

- **Reflectivity.** Snow reflects sunlight back onto the body. Freshly fallen snow can increase the amount of UV reaching the body by a staggering 85 per cent
- **Altitude.** UV rays are more intense at high altitudes
- **Wind burn.** Speeding down the slopes in the fresh mountain air can give skiers the false impression that it's too cool to burn.

The HEA recommends wearing a ski hat, goggles with UVA and UVB filters, and applying high protection factor sunscreen or sunblock to the face, neck, ears and other areas of exposed skin.



A camera for all seasons

Long gone are the days when inexpensive meant crude when you were talking about cameras — you get far more for your money these days

The breakthrough came when the first compact cameras came on the scene, cameras that had many of the features of 'serious' cameras but without their complications and at prices which were themselves compact.

It's all good news for the pharmacies, traditionally the High Street photographic stockists, for compact cameras offer a terrific opportunity to carry a range of economically priced cameras to complement sales of films and possibly to extend those sales to include albums, frames and other photographic accessories.

Compact cameras retail from around £15.00, and a good 35mm compact can be purchased for under £50.00, although you can spend several hundred pounds.

Special features

Many of them have a red-eye reduction facility to minimise the chances of spoiling portrait shots. Red-eye reduction uses a beam of light or pre-flash to dilate the pupils before the picture is taken, thus preventing the subject's eyes looking like something out of a science fiction movie.

Today, many compact cameras also have a wide angle lens so that they can take panoramic photographs, while those usually costing £100 or more have a powered zoom lens for those long distance shots, as well as self-timers so the photographer can get

in the picture too.

Some makes will have their own individual features — for instance, Fuji DL compacts have 'Drop-in Loading', one of the simplest film loading systems.

And because the vast majority of compacts use 35mm film the results are better than with other amateur films such as 110, whose smaller negatives can mean poorer quality photographs with a 'grainy' look to them.

Easy to use

But the best thing about these cameras is that, despite all their technical sophistication, they are so easy to operate. To all intents and purposes all the photographer has to do is frame the picture in the viewfinder and press the shutter.

Compacts are often supplied in packs complete with any batteries they might need and a film so the buyer can start taking pictures immediately and without any extra cost, while a simple handbook will tell him all he needs to know to get the best from his camera.

You don't have to be an expert to use a compact camera — and you don't have to be an expert to sell one. As far as the pharmacy's concerned, that's perhaps their most attractive feature.

(Material for this series is supplied by Fuji Photo Film (UK) Ltd)

DoH advise on infant diets

Children should not be given solid food until the age of four months advises a report from the Department of Health. Previously it was recommended that weaning could begin at three months.

Further recommendations are:

- Children should not be given cows' milk as their main drink until they are at least one year old
- Bottle-fed babies should continue drinking formula milks during their first year
- Vitamin A and D supplements are only needed for babies over the age of six months who are being breast-fed
- Fruit, vegetables, potatoes and non-wheat cereals can be used during the first few months of weaning. Meat, eggs and fish can be added when the baby reaches six to nine months of age.



Congratulations to pharmacy assistant Marie Ashcroft, the winner of a wordsearch competition organised by Adcock Ingram, the manufacturers of Bioplus Liquid. Marie, from Stourport on Severn is pictured receiving her tickets for a weekend in New York from Adcock's business manager Jim Ritchie and territory manager Paula Hughes



The Maladies

Cut it out

Arthur Maladie has been a regular smoker for six years. Each year his New Year's resolution has been to give up but this year he's determined to succeed

Arthur: "I see you've got a window display about smoking. I'd like to stop smoking, but I've tried a few times already without much success."

Assistant: "I'm pleased to hear that you've decided to give up as that's a big step. Is there any reason why you want to stop?"

"One of my friends at work who smokes quite heavily recently had a heart attack and the doctors blamed his smoking. So, I've made it my New Year's resolution, yet again, to give up. I just wonder if it's worth it at my age?"

"You might find this hard to believe but it's never too late to give up smoking. Studies have shown that even old age pensioners who give up live longer than those who don't."

"I have tried giving up a few times, but it's so difficult."

"I don't think anyone could argue that giving up smoking is easy! Nicotine is highly addictive, and smoking over a number of years becomes such a habit that if you're not smoking you don't know what to do with your hands."

The good news is that the vast majority of ex-smokers had some unsuccessful attempts at giving up before they finally succeeded."

"If that's the case, how can

the nicotine patches or gum I see advertised help me?"

"If you've been smoking for a number of years you are probably addicted to nicotine. Once you stop smoking you get withdrawal symptoms such as headache, dizziness, nausea and irritability. A dose of nicotine can relieve these symptoms. After a few weeks, once you have got out of the habit of smoking, the dose of nicotine is reduced and eventually stopped."

"What's the difference between nicotine in a cigarette and a patch or gum?"

"None, but a cigarette contains up to 4,000 other substances as well as nicotine. The tar, carbon monoxide and other carcinogens produced by the burning of tobacco are the toxic elements that increase the risk of cancer and heart disease."

"Which is better — nicotine gum or patches?"

"They both work in different ways and are suitable for different types of smokers and situations."

Patches release a controlled amount of nicotine into the system through out the day. Chewing nicotine gum releases the drug which is quickly absorbed in the mouth and can quickly relieve a craving."

Nicotine lozenges are available in the pharmacy, although they tend to have lower concentrations of nicotine. A nicotine nasal spray is available but only on prescription from your family doctor."

Other smoking cessation aids which act by reducing the craving are available over the counter but many smokers give up without using any special products just their will power."

Smoking facts

Although smoking is an expensive habit that causes heart disease, cancer and over 100,000 deaths annually, there are still around 12.5 million cigarette smokers in Britain.

The cost to the NHS of treating smoking-related illness has been estimated as £610 million a year. As a result the government has targeted smoking cessation as a key area in *The Health of the Nation*.

The optimistic targets are to reduce the prevalence of smoking in the population to 20 per cent by the year 2000, and to reduce the prevalence among 11-15 year olds by a third.

Most people are aware that smoking causes heart disease, lung cancer and emphysema, but it has also been linked to an increased risk of many more diseases ranging from peptic ulcer to cancers of the mouth, throat and pancreas.

New research suggests that the dangers of long-term smoking are much greater than previously thought. It now seems as if half of all smokers will die as a result of their habit.

Smoking during pregnancy not only harms the mother but the child as

Continued on p8 ►

Britain's most popular programme is back on the box.



L 7 days supply of large size nicotine patches
for smokers of 20 or more cigarettes a day

Nicotinell is the most popular nicotine patch
programme in Britain. So popular, in fact, that it has
dominant 54% brand share.* One of the reasons for
this remarkable success is the consistent heavyweight
marketing support we have put behind the brand.

1995 is no exception. We will be investing a massive
£3.1 million, starting over the key New Year period.
Nicotinell has been brand leader ever since its launch
in May 1992.* It helps smokers 24 hours a day. Now
we'll be giving you round the clock support as well.

© 1994 IS A REGISTERED TRADEMARK



Indication: Transdermal Therapeutic system containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indication:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage:** Stop smoking completely when starting or those smoking 20 or more cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each above 30cm² have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **Contraindications:** occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and sensitivity to nicotine. **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. **Keep out of the reach of children at all times.** **Side effects:** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reactions at the application site (usually erythema or pruritus). Other events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **Legal category:** P. **Packs:** NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. © denotes registered trademark. **PL Holders:** Ciba Geigy Plc, Macclesfield SK10 2NA. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. **Date of preparation:** December 1994. 1294/855

MA HEALTHCARE IS PART OF THE CIBA GROUP

*NIELSEN JUL-AUG 1994 (MAT)

Continued from p6

well. It has been linked to miscarriages, low birth weight and cot death.

So there is little doubt that ex-smokers are better off — and not just financially!

Giving up

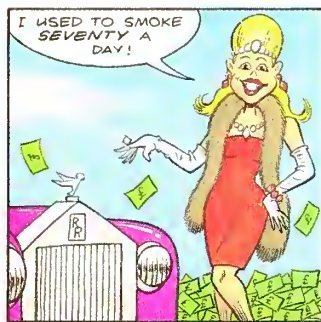
Giving up smoking can be extremely difficult. Nicotine is a highly addictive drug — some cocaine and heroin users rate it as more difficult to give up than their illegal drugs.

This is not surprising when you consider that smokers get a 'hit' of their drug on average 25 times a day, and when they inhale from a cigarette they 'score' within ten seconds when nicotine hits those brain cells.

Cutting down on the number of cigarettes or switching to a milder brand does not work. A smoker who is serious about stopping must pick a day and stop.

Many smokers do this without any help, but for those who have tried and failed there are a number of products that can make it seem a bit easier.

Most smokers have to try a few times before they finally kick the habit. It is



worth telling the customer this so that they don't give up trying when they have a minor hiccup.

Replacement therapy

Nicotine replacement therapy (NRT) can help smokers overcome the first few difficult weeks. It relieves the symptoms of nicotine withdrawal while the smoker is getting used to life without cigarettes.

Combining NRT with support and advice is one of the most effective means of stopping smoking. A wide range of delivery systems is available to get nicotine into the bloodstream.

• Patches

There are three different patches on the market — Nicorette, Nicotinell and Niconil. The patch to choose depends on the individual smoking habit of the customer.

Nicorette patches are applied daily for 16 hours over a period of 12 weeks and come in three strengths (5mg, 10mg, 15mg).

Nicotinell patches are designed to be worn 24 hours a day for two to three months. There are three sizes — 10, 20 and 30cm², — which deliver 7mg, 14mg and 21mg of nicotine respectively over a 24 hour period.

Niconil are 24-hour patches available in two strengths — 11mg and 22mg. All three manufacturers

• Gum

Nicorette gum is available in 2mg and 4mg strengths, and in mint and original flavours. It is important that customers are advised on the correct way to chew nicotine gum.

It should be chewed slowly until the taste is strong then placed between the cheek and gum to allow the nicotine to be absorbed. Once the taste has gone it should be chewed again.

• Nasal spray

Nicorette nasal spray was launched earlier this year and is only available on

NRT. Nicotine replacement is contra-indicated during pregnancy and for breast-feeding mothers. However, some doctors would argue that it is preferable for a pregnant woman to be on NRT than cigarettes.

It should also be used with caution in patients with heart disease, peptic ulcers, diabetes and an overactive thyroid. Nicotine patches should not be used in patients with chronic skin conditions such as dermatitis and psoriasis, as they may cause irritation.

Customers should also be advised not to smoke while on NRT.

Other options

NRT products have a high profile in the pharmacy but



there are other products available to help the smoker. Nicobrevin A 28-day course of these capsules is said to reduce the cravings and withdrawal symptoms experienced by the smoker. The capsules contain menthyl valerate, quinine, camphor and eucalyptus oil.

Pharmacy support

Window displays highlighting smoking cessation can encourage smokers into the pharmacy to seek advice and information. Many pharmacies now run smoking cessation clinics, in some cases charging for the service.

Your pharmacist may be a member of the Pharmacists Action on Smoking group (PAS), set up by the National Pharmaceutical Association with support from Pharmacia.

It has been proven that smokers who are offered advice and support from a health professional while they are trying to give up their habit are much more successful than those who don't. This applies to smokers who are also using nicotine replacement therapy or other smoking cessation aids.

A recent survey of smokers found that nearly three-quarters wanted to give up, so let's do all we can to help them!

Ten tips for stopping

1. Pick a day

Cutting back on the number of cigarettes you smoke or changing to a 'lighter' brand does not work. Pick a day to give up cigarettes completely.

2. Remove all temptation

Get rid of all cigarettes as well as ashtrays, matches and lighters.

3. Stop with a friend

It's easier if you are not the only person in a group giving up and you have someone to sympathise with.

4. Avoid situations where you might smoke.

For the first few weeks avoid situations where you used to smoke or where you are likely to be offered cigarettes.

5. Cash not ash

Collect the money you save somewhere visible, eg a glass jar, and put it towards a treat. Someone who smokes 25 cigarettes a day could save over £1,000 a year.

6. Alternative activities

Keep yourself busy so you do not have time to dwell on your nicotine craving. Try chewing gum or taking exercise. Avoid eating snacks instead of smoking as you will put on weight.

7. One day at a time

It is more daunting if you try and give up 'for ever'. Each morning decide you will not smoke on that day.

8. If at first...

If at first you don't succeed, try again, and again. Most ex-smokers had to try a few times before they were successful.

9. Ask your pharmacist

Many pharmacies now run smoking cessation clinics and there are a range of products available over the counter to help overcome the nicotine craving.

10. Visit your GP

Your GP can help you develop a smoking cessation plan which may involve nicotine replacement therapy. The nasal spray form of nicotine (Nicorette Nasal Spray) is only available on prescription.

recommend that the patches are used as part of a smoking cessation programme. To this end they supply support material and in some cases telephone helplines.

Patches should be applied to a clean, dry, non-hairy area of skin on the body or the upper arm, and the site should be varied.

It has been suggested that the 24-hour patches are more suitable for smokers who crave a cigarette as soon as they wake up in the morning. Some patch users have nightmares and if they are on a 24-hour patch they should consider switching to a 16-hour one.

prescription. Nicotine from the spray is absorbed faster than from the patch or gum so it gives more rapid relief from craving. It is said to be useful for heavy smokers.

• Lozenges

Stoppers and Resolution are lozenges containing 0.35mg and 0.5mg nicotine respectively. The lozenges should be allowed to dissolve slowly and not sucked, chewed or swallowed.

Taking care

As with all medication there are certain groups of patients who should be referred to the pharmacist or to their GP before starting on

Grab hold of the UK's fastest growing brand.

In the highly competitive nicotine replacement market, one brand is growing faster than all the others.

That's because Niconil is more than just a patch - it's a complete nicotine patch programme designed to overcome both physical and psychological aspects of nicotine addiction. Each pack retails at only £13.99 and contains one week's supply of Niconil 22mg, a support booklet, daily diary, a discipline and an 80 minute audio tape. Packs of Niconil 22mg or Niconil 11mg are available for the course, retail at £12.99. The Niconil programme lasts just six weeks making it not only the shortest but also the most economical of nicotine patches available. With more and more people trying to give up smoking you can't let an opportunity like this slip through your hands.



élan PHARMA

Niconil*

(Contains Nicotine)

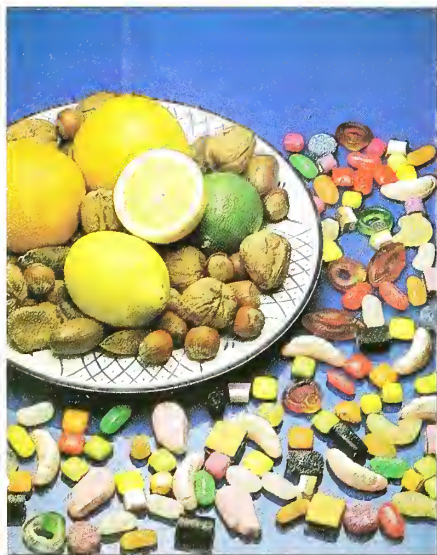
more than just a patch

ATD PRESCRIBING INFORMATION: NICONIL PRESENTATION: A transdermal nicotine patch, available in two strengths: Niconil 22mg per day and Niconil 11mg per day. **INDICATION:** Relief of nicotine withdrawal symptoms. **DOSAGE:** Should stop smoking before commencing treatment. Normal course of therapy is six weeks (four weeks Niconil 22mg plus two weeks on Niconil 11mg or Niconil 22mg). **PRECAUTIONS:** History of angina, recent myocardial infarction or cerebrovascular accident, bradycardia, systemic hypertension or peripheral vascular disease, history of peptic ulcer, diabetes mellitus, hyperthyroidism, phaeochromocytoma, chronic generalised dermatological disorders. Nicotine may induce dependence, to minimise risk do not use beyond 6 weeks. **CONTRAINDICATIONS:** Children, non-smokers, occasional smokers. All forms of nicotine are contraindicated during pregnancy and breast feeding, and in acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, transient ischaemic attacks and hypersensitivity to nicotine. **SIDE EFFECTS:** Application site reactions (eg, erythema and itching), headache, dizziness, nausea, palpitations, sleep disturbances. See full prescribing information. **COST:** Niconil starter pack containing seven days Niconil 22mg day and behavioural support materials £7.97 RSP (excl. VAT); Niconil 22mg day seven day pack £7.40 RSP (excl. VAT); Niconil 11mg day seven day pack £7.40 RSP (excl. VAT). Legal category: P. Product licence nos. 10058-0017-0016. Product holders: Elan Pharma Ltd, Monksland, Athlone, Ireland. Date of preparation: Dec '94. Full prescribing information available from Elan Pharma Ltd, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire SO5 3ZQ. Tel: 01703 628843. *Trade mark (WI).

It's easy to make a new year's resolution but even easier to break one. Whether it's losing weight, getting fit or breaking bad habits, the following advice from Zita Thornton could help your customers to turn over a new leaf

Over-indulgence at Christmas can mean squeezing into your clothes in the new year, but however you choose to lose weight you'll get nowhere without commitment and a positive attitude. Whatever method you choose, it must be convenient and you need to make sure that you are still getting the essential vitamins and minerals to keep you in good health.

Many people find it



Put the Christmas sweetie binge behind you

helpful to join a slimming club. Sessions start with a talk about choosing the right food groups and combining a diet with a generally healthy lifestyle. They provide the motivation and moral support to achieve your goal weight.

This approach extends into slimming magazines available to everyone from newsagents, which have inspirational personal stories as well as tips on

A Happy and Healthy New Year



maintaining good health and developing a positive image.

Calorie counted, ready-made meals are useful for busy working women.

The World Health Organisation has advice for sensible eating that avoids putting on extra pounds:

- Eat as much high fibre fruit and vegetables as you like.

- Include bread, potatoes, pasta or other cereal foods with every meal. These high energy foods are rich in vitamins and fibre and should account for at least half of your daily intake of calories.

- Eat dairy products sparingly as they are high in fat.

- Substitute leaner chicken or fish as your main source of protein.

- Reduce your intake of sugar and watch out for 'hidden' sugar in biscuits and soft drinks.

- Read labels carefully to assess how low 'low fat' products are.

Cut down on fat

You can still enjoy your favourite recipes if you use the following lower fat substitutes:

- Use low fat yoghurt

instead of cream

- Make your own fruit yoghurts by adding fresh fruit to natural yoghurt.

- Use low fat spreads on bread and for cooking.

- Substitute medium fat cheese such as Edam or Brie in place of full fat hard cheese and use low fat 'light' soft cheese in desserts.

- Remove the skin from chicken, and trim fat from meat.

- Brown meat and drain off excess fat before continuing to cook.

- Scramble or poach eggs to avoid using fat for frying.

Shape up

If you are suffering from post-Christmas sluggishness, exercise can change all that. The more you use your body, the more you get out of it. It will help you to burn up calories too, but the benefits are even more far reaching.

Taking regular exercise will firm up flabby muscles and increase suppleness. It will give you more strength and rather than making you



tired, it will increase your stamina.

Your heart is a muscle too and aerobic exercise — that is of a type which makes you take in more air — will help your heart to work better.

Regular energetic activity improves the balance of fatty substances in the blood stream and lowers the resting blood pressure giving



protection against strokes.
To get the maximum benefit from your chosen activities you need to do them three or four times a week for at least 20 minutes.

Choose your sport

The word 'sport' may remind you of cold and wet playing fields but competitive games are not the only way to exercise. It is important to choose something that you enjoy and that fits in with your routine. Go for variety.

- Swimming is a good all round activity that tones muscles without strain.
- Walking, jogging or cycling are accessible to most people.
- Using an exercise machine or exercise video means that you don't even have to leave your home.
- If you are the sociable type, then join a group for aerobics, step-up, karate or dancing. Energetic Latin American Salsa is the latest popular form of dance.
- Booking a regular court for badminton, tennis or squash, or joining a team for football or cricket could provide the motivation you need.

Exercise caution

Exercise is good for you provided you observe the following precautions:

- Don't attempt vigorous exercise to start with but build up your fitness level gradually.

Exercise can help you get back into form after an operation but check with the doctor about when and how much to take.

- Don't exercise if you feel unwell.
- Stop if you are in pain or becoming exhausted.
- Avoid injury by warming up your muscles with gentle stretching first.

Stop smoking

If you are looking for a resolution that will not only make you healthier and wealthier, but more popular too, then give up smoking.

Experience the real taste of food and notice how people no longer turn away from the smell of stale cigarette smoke around you.

Smokers between the age of 45 and 64 are three times more likely to die prematurely than non-smokers, and more likely to suffer from respiratory diseases, peptic ulcers, heart problems, strokes and cancer of the mouth and throat.

Consider also that by your actions you are forcing others around you to smoke passively:

- If you have children, and you and your partner smoke, you could be making them inhale the equivalent of 150



Reducing your alcohol intake

Most people drink more at Christmas than usual but when the celebrations are over it is wise to keep a check on your alcoholic intake.

The recommended limits of alcohol are:

- **Women:** No more than **14** units a week
- **Men:** No more than **21** units a week

A unit is equivalent to: a half pint of beer, a single measure of spirits or a glass of wine or sherry.

Remember that a bottle of strong, export lager accounts for two units.

A habit of drinking over these limits will affect your health. Physical illnesses may include stomach disorders, depression and emotional problems, high blood pressure, vitamin deficiencies and eventually alcohol dependency.

Even three units of alcohol will reduce a person's efficiency.

It isn't difficult to slide into alcohol dependency and a danger signal is

when you can take more drink without becoming drunk.

There are over 40,000 alcohol-related deaths each year. When you are drunk you might think that you are the life and soul of the party, but who do you see laughing? It won't be you when you suffer a hangover the next day.

It is far better to drink moderately within the recommended limits. This way of drinking can even reduce your susceptibility to heart attack and stroke, especially if you are a middle-aged man.

If you feel that your drinking is getting out of hand you can speak to someone at Alcohol Concern about reducing your intake, or they will send information leaflets. Contact them on 0171-928 7377.



cigarettes a year.

- As your cigarette smoke contains higher levels of many harmful chemicals, others will be inhaling 70 per cent more tar than you will yourself.
- There is an 830 times higher level of the cancer-causing compound N-nitrosodimethylamine in your sidestream smoke.
- Expectant mothers who smoke increase their risk of miscarriage twofold.
- Those who smoke 20 cigarettes a day increase the risk of their baby dying at birth or soon after by 20 per cent.

Getting help

There is plenty of help available for those who want to give up smoking. Nicotine replacement therapy, in the form of patches, gum or nasal spray, is readily available from your pharmacy or family doctors,

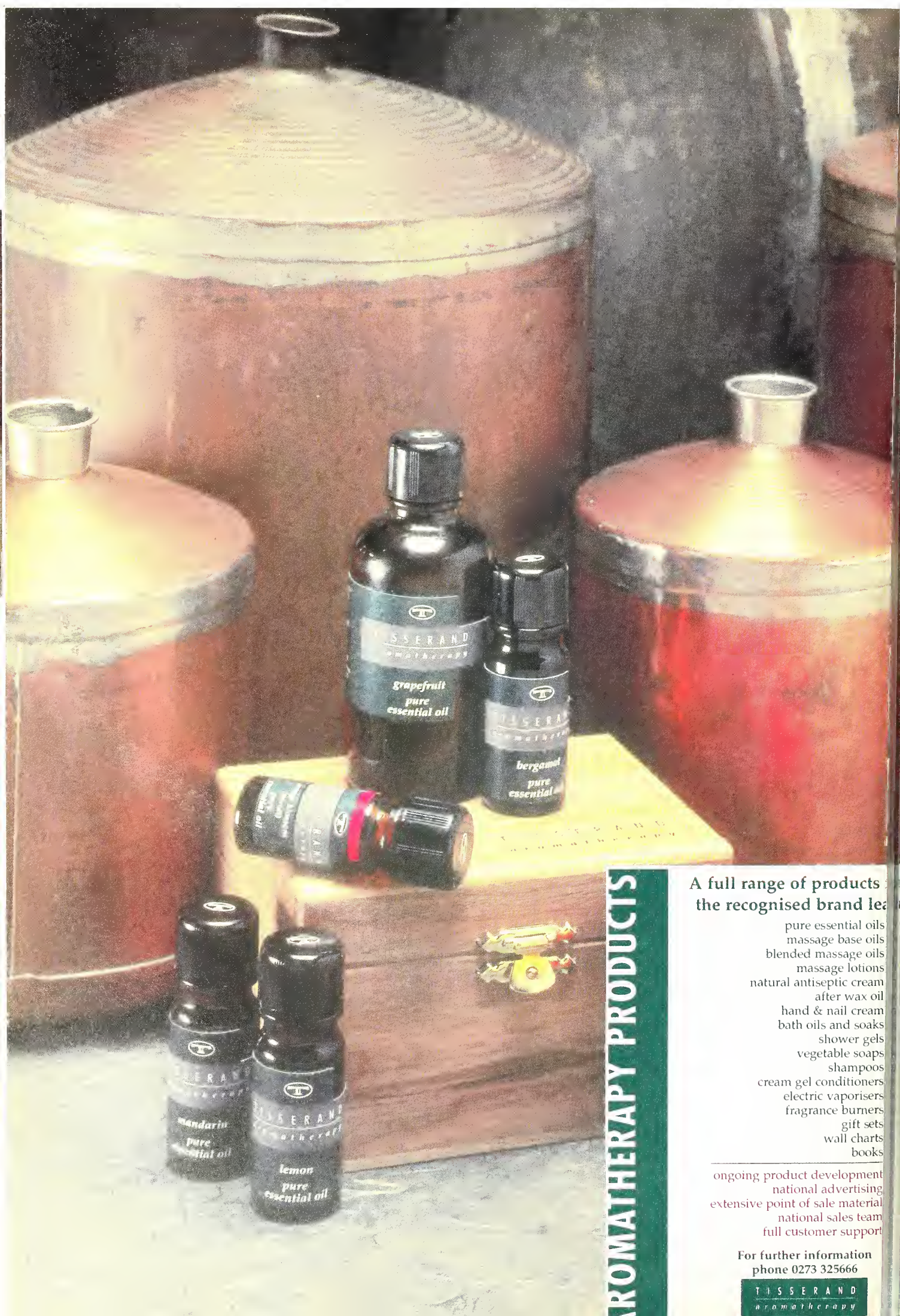
and it does work! Some people find hypnotherapy helpful.

Ben Wicks' book 'Stop smoking' (Sheldon £2.99) is easy to read and full of cartoons. Pick this up instead of a cigarette. In it, he compares a smoker to a junkie. They are both outcasts from society.

Quitting the habit may well be the hardest resolution you have ever tried to keep but if you can stop, even after many years of smoking, you will still considerably reduce the dangers to your health.

A fresh start

The new year is a good time for making a fresh start — getting rid of bad habits and trying to develop some good ones. Set realistic targets for yourself, and remember that if at first you don't succeed, you don't have to wait until next new year to try again.



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TISSERAND
aromatherapy

Aromatherapy can lift a black mood, soothe a sore throat and relieve aches and pains, to name a few of its uses. The ancient art of using aromatic essences has enjoyed a huge revival of interest in the past few years, but many people are still confused about how it works. Sarah Purcell gives a guide to the basics

The art of aroma



achieved by adding a few drops of oil to a warm bath, inhaling on a tissue, or using an oil burner or a vaporiser.

- Essential oil molecules are tiny and so can penetrate the skin easily. Once they reach the dermis, essential oils pass through the tiny blood capillaries and are transported around the body's circulatory system. This is best achieved through massage, though adding oil to a bath will also

work well.

Most essential oils are antiseptic, while many will fight fungal infections such as athlete's foot, and others can combat viruses such as a cold, treat a headache or prevent sickness.

An aromatherapy massage is also the ultimate anti-stress treatment after a long, hard day. The key to treatment is simply choosing the right oil and using it correctly.

Essential facts

An essential oil is the extract of a single plant, found in the tiny oil glands that surround the flower head. Some 300 of these natural extracts are used in aromatherapy today. The oil is neither greasy nor fatty, but a highly complex chemical compound which is volatile and highly flammable too.

The oils are extracted from different parts of the plant — tea tree oil is taken from the leaves and twigs, geranium from the whole plant, and jasmine from the flowers. It takes huge amounts of plant extract to produce just a small amount of essential oil — 60,000 rose petals make only an ounce of rose oil, which is why it's so expensive. Lavender is much cheaper, since it is found in larger quantities in the plant.

With essential oil, you get what you pay for. Recommend only pure essential oils for best results, not those which have been diluted. Because they are so concentrated you only need use a few drops.

You can spot the difference between a good quality and a poor quality oil by trying this test: put the bottle of oil on a table in front of you and remove the lid. If the aroma wafts out then it is good quality; if you have to move closer to sniff it, then it's not.

Recommended brands

- Tisserand
- Shirley Price
- Nelson & Russell
- Neal's Yard
- Green Things

Carrier oils

Except for emergency first aid treatment, such as a sting or cut and then only with an indicated oil such as tea tree, essential oils should not be used neat on the skin, but always be mixed first with another substance called a 'carrier' such as vegetable oil or lotion. Good carrier oils include:

- wheatgerm
- almond
- apricot kernel
- jojoba.

Each has its own beneficial properties, so bear that in mind when advising. A non-greasy vegetable-based

Continued on p14

In recent years the popularity of aromatherapy has been phenomenal. No longer seen as cranky or for hippies, the art of using essential oils for healing and wellbeing appeals to a wide range of people in the spiritual nineties.

For proof that aromatherapy has truly moved into the mainstream you only need look on the shelves of your local supermarkets — even they are putting oils in their bath and shower products.

It's proving a huge money-spinner — in the UK we spent over £20 million on aromatherapy products last year. But if aromatherapy has filtered into all walks of life, many consumers are still unsure how to use the oils properly and safely, which is where you come in.

Pharmacies are the main outlet for sales of essential oils, outstripping health food stores, and account for 80 per cent of the market. So if your pharmacy doesn't already stock aromatherapy ranges, then you should seriously consider it.

Through the ages

The art of using essential oils for therapeutic benefit goes back about 6,000 years to the ancient Egyptians, who believed in anointing the dead as well as the living, and to India, where the tradition of using plant extracts has continued to this day.

The word aromatherapy was not used in Britain until the 1950s, when it was introduced via beauty parlours, not the medical profession, which is why for so many years aromatherapy was considered just to be a massage using essential oils. It is only recently, with the revived interest in natural remedies, that aromatherapy has been taken more seriously in this country.

What is aromatherapy?

Aromatherapy is a holistic therapy, using fragrant essential oils to treat both mind and body. The oils penetrate the system through sense of smell and absorption through the skin. Inhalation is the quickest way for essential oils to enter the body, and this can be

Continued from p13

lotion works well, particularly if using essential oils on yourself, as it is much easier to rub in.

How much to use

Inhalation:

6-8 drops of essential oil on a tissue or in a basin of warm water (not for asthmatics)

Bath:

6-8 drops in a warm bath; soak for ten minutes

Foot bath:

4-5 drops in a basin of warm water

Massage or skin application:

15 drops in 50ml carrier oil or lotion, for single application, mix 2-3 drops in one teaspoonful of carrier oil or lotion

Room freshener:

10-12 drops with water in a small bowl by radiator. For vapouriser, follow the maker's instructions. Put half a pint of water into a plant spray bottle with 10-12 drops essential oil, shake well and spray room. Sprinkle essential oil over pot pourri.

Using oils safely

Essential oils are extremely powerful and should always be used with care. Taking the following precautions will allow oils to be used safely and effectively:

- If a customer is pregnant, advise her to only use oils under the guidance of a qualified aromatherapist
- Never take oils internally, unless under medical instruction
- Epilepsy sufferers, asthmatics, those with heart conditions or any acute illness or condition should seek advice before using essential oils
- Do not apply oils neat to skin, except when indicated for emergency first aid use.
- If oil is accidentally splashed onto skin, wash with plenty of water. If oil is splashed into eyes, flush with water

Popular oils and their uses

Essential oil	Remedy for	Comments
Lavender	Headache, colds, burns and bites, ulcers, stress, rheumatism	Cheap and easily available
Bergamot	Skin conditions, digestive problems, urinary infections	Do not use before sun exposure — can cause pigmentation
Chamomile	Insomnia, headache, dry skin, inflammation	Inexpensive
Peppermint	Headache, migraine, indigestion, heartburn, coughs and colds, sinusitis	Close eyes while inhaling. Not suitable for small children
Rosemary	Aids concentration, cellulite, improves circulation	Avoid during pregnancy
Sandalwood	Calming aroma, aids PMS, sore throat, mood swings	Fairly expensive
Tea Tree	Anti-bacterial, spots, burns, bites, cuts, skin disorders, athlete's foot, ulcers	Inexpensive
Ylang Ylang	Depression, stress, high blood pressure, acne or oily skin	Can be used as a perfume; cheaper alternative to jasmine
Cypress	Diarrhoea, varicose veins, oily skin, sweaty feet	Good burning incense

and seek medical help if pain persists

- People with allergies or sensitive skin should always do a patch test for each oil first
- Keep oils well away from naked flame.

Oils in pregnancy

Much has been said about the dangers of using essential oils during pregnancy, when it is thought they may cross the placental barrier once in the bloodstream. Practising aromatherapist Michelle Roques-O'Neil, who has recently launched her own Essential Therapeutics range of oils, has successfully

assisted several women through pregnancy and labour using aromatherapy oils. But she agrees that it is not advisable for women to treat themselves — her advice is to go to a

reputable, qualified aromatherapist (check they belong to a recognised aromatherapy association such as the AOC).

Get trained

Many manufacturers of aromatherapy products offer training courses to pharmacy staff so that they will be better able to advise customers.

Tisserand Aromatherapy runs weekend aromatherapy seminars suitable for pharmacy assistants. The company supplies a comprehensive range of leaflets and books and has a dedicated consumer helpline which can also be used by pharmacy staff. The helpline number is: 01273 325666.

Shirley Price

Aromatherapy also runs weekend courses as well as longer courses, which are suitable for assistants. For more information contact the company's courses hotline on 01455 633231.

For customers that are interested in learning more about aromatherapy, most adult education centres run evening or weekend courses. Your local library will have details.

Further reading:

- *Practical Aromatherapy* by Shirley Price (Thorsons)
- *The Art of Aromatherapy* by Robert Tisserand (CW Daniel).

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PRODUCT INFORMATION: **Presentation:** Gelatin capsules containing an oil containing as active ingredients, Levomenthol Ph Eur 35.55mg, Chlorbutol B.P. 2.25mg, Terpineol B.P. 66.6mg, Thymol B.P. 3.15mg, Pumilio Pine Oil B.P. 1980 103.05mg, Pine Oil Sylvestris 9mg. **Uses:** For the symptomatic relief of nasal congestion and colds in the head. **Dosage and Administration:** Adults and children over 3 months; carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. **Contra-indications, Warnings, etc:** Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. **Package Quantities:** Packs containing 10 or 20 capsules. **RSP:** Capsules 10s £1.69, Capsules 20s £3.09. **Legal Category:** GSL. **Product Licence No:** PL 0327/5914. Crookes Healthcare Ltd, Nottingham NG2 3AA.



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Diabetes through the ages

Around one million people in England and Wales suffer from diabetes, both insulin and non-insulin dependent. Yet it is only since the beginning of this century that effective management of the disease has been possible with insulin and oral antidiabetic agents. Read on to discover how diabetes was managed in times past



'Breathing a vein' to treat diabetes

Probably the first written reference to diabetes is in an ancient Egyptian papyrus dating from around 1550 BC. Diabetes is described as a 'too great emptying of urine' and, more poetically, as being 'like the River Nile between the thighs'. The recommended remedy is a diet consisting of wheat grains, grapes, honey and berries.

Other prescriptions include myrtle pounded with 'viscous fluid' and applied to the penis; toasted beans in oil, also for topical use; and a compound of marsh water, pigeon nuts, beer, cucumber leaves and dates, mixed, strained and taken for four days.

The term 'diabetes' itself

comes from the Greek word meaning 'siphon' or 'pass through', referring to the severe diuresis associated with the uncontrolled form of the disease.

The Middle Ages

Few significant advances in our knowledge of diabetes were made during the Middle Ages. One man however, stands out.

Aureolus Philippus Theophrastus Paracelsus Bombast ab Hohenheim (1491-1541), known more simply as Paracelsus, probably performed the first chemical experiments into diabetes. On evaporating the urine of a diabetic, he discovered that one 'measure' yielded four

ounces of 'salt'. Apparently he frequently tasted the urine of his patients but did not realise that diabetics' urine was sweet, not salty.

The 17th century

Although the sweetness of diabetic urine was probably first recognised in India, the first Westerner to record this fact was Thomas Willis of Oxford University.

He believed that diabetes was caused by poor hygiene, anxiety and over-indulgence in alcohol. His recommended treatment was dietary — milk, rice and starchy foods — and thus he unwittingly instituted the first high-carbohydrate under-nutrition diet.

He also favoured therapy with antimony and opium, the latter being a tradition in diabetes treatment that, over the years, was to turn many patients into addicts.

Dietary cures

The first systematic carbohydrate restriction diet was introduced by John Rollo, a surgeon general in the British Army during the 1790s. Although it gradually fell into disrepute, its main features — carbohydrate restriction and high protein and fat content — continued to be used.

In contrast an opposing school of thought grew up — the so-called 'carbohydrate cures' — in which the



Daniel Lambert, The Fat Man of Leicester. Diabetes was linked to diet as early as the 17th century

patient was instructed to take little else but carbohydrate. It may come as a surprise to learn that genuine improvements were recorded with these diets, probably as a result of associated under-nutrition.

Before the discovery of insulin the main method of treatment of diabetes was starvation, as popularised by Dr Frederick Allen. The average life expectancy of patients on the Allen diet was three to four years and they generally died of starvation, rather than diabetes. Allen was the first to admit this but usually pinned the blame on previous doctors for being too soft-hearted!

Matthew Dobson, a physician working at the Liverpool Infirmary, repeated Paracelsus's experiment of evaporating down urine and showed that the 'salt' left behind was sugar.

The English physician, Thomas Cawley, was the first person to connect diabetes with lesions in the pancreas. Until then, diabetes had often been viewed as a disease of the stomach.

Discovery of insulin

Working in Toronto, Frederick Banting, the Canadian orthopaedic surgeon, and Charles Best, then a medical student, tested Banting's theory that digestive enzymes produced by the acinar tissues in the pancreas might prevent extraction of insulin.

Using a series of laboratory procedures they obtained pancreatic extract which did not contain pancreatic digestive enzymes. The ground-up extract was injected into a comatose dog named Marjorie. She recovered consciousness to become the first animal to receive insulin.

The first person to receive insulin was 14 year old Leonard Thompson, who made a remarkable recovery after starting insulin on January 11, 1922.

Banting won the Nobel Prize for Medicine in 1923 and shared the prize with his student co-worker.

Wartime diet

During the First and Second World Wars the death rate from diabetes plummeted, correlating closely with periods of food rationing. His effect seemed to be confined to people with non-insulin dependent diabetes (NIDDM).

The Second World War



Some 50 per cent of adult Pima Indians have NIDDM

revolutionised the whole concept of diabetic diet. Before the war, newly diagnosed diabetics were given a rigid diet sheet and many stuck to the same menu day after day.

With rationing this was no longer feasible, and for the first time, people with diabetes were eating the same food as the rest of the family and adjusting their treatment accordingly.

Sulphonylureas

In 1942, during the German occupation of France, the first oral hypoglycaemics were discovered by accident. There was an outbreak of typhoid in Montpellier and Marcel Jambon, a doctor in the isolation hospital, decided to try out a new sulphonamide.

The drug seemed to work against typhoid, but unfortunately produced disastrous results in two out of ten patients. Intravenous injection of glucose revived some patients and it transpired that the cause of death was hypoglycaemia.

August Loubatières, also at Montpellier, found that insulin, bound with certain zinc protamines, also caused hypoglycaemia. It occurred to him that there might be a parallel between the effects of the sulphonamide and protamine zinc insulin.

He confirmed Jambon's findings by conducting animal experiments leading to the first commercial sulphonylureas, carbutamide and tolbutamide, in the mid-1950s.

Biguanides

In 1914 it was found that removal of the parathyroid in experimental animals led to a reduction in blood sugar. This was due to a rise in blood guanide levels.

Although guanidine itself was too toxic for human use,

in 1926 the molecule was altered to retain its hypoglycaemic action while eliminating the toxic effects. This compound, known as Synthalin, was briefly marketed but soon abandoned because of side-effects. However, it does carry the distinction of being the first oral antidiabetic agent.

Interest waned in this category with the widespread use of insulin but was rekindled following the success of sulphonylureas. The first biguanides — two guanidine derivatives joined together — were marketed in 1957. The only biguanide widely available today is metformin.

Acarbose

Sulphonylureas and biguanides, together with diet, remained the only available forms of oral therapy until very recently.

Carbohydrate digestion principally occurs in the upper third or so of the small intestine. The final common pathway in this process is the cleavage of non-absorbable oligosaccharides to more absorbable monosaccharides by a series of enzymes called alpha-glucosidases, present on the microvilli that make up the 'brush border' at the mucosal wall of the small intestine.

In the late 1960s, Professor Walter Puls, a researcher at the Institute of Pharmacology at Bayer, suggested that competitive inhibition of these enzymes would delay carbohydrate absorption following a meal, leading to a reduction in blood sugar following a meal with, it was hoped, a secondary improvement in basal blood glucose levels.

A series of possible compounds was isolated from *Actinomyces spp.*, the most promising of which was

acarbose. Clinical research showed that acarbose not only significantly reduced postprandial hyperglycaemia, but also fasting blood glucose levels, without causing weight gain or hypoglycaemia.

Acarbose was patented in 1973 and launched in the UK under the trade name Glucobay in 1993. It is licensed for the treatment of NIDDM in patients inadequately controlled by either diet alone or conventional oral agents.

Around the world

Non-insulin dependent diabetes is the 'hidden diabetes' or 'the disease of civilisation'. Nine-tenths of all diabetics are NIDDM. It is also believed that for every diagnosed NIDDM patient, there is another yet undiagnosed.

In the last century the prevalence of this disease in American Indians was among the lowest recorded in any ethnic group. Since the Second World War, though, prevalence rates have risen to a remarkable degree among some tribes.

The most famous example is that of the Pima Indians of Arizona, who now have the highest reported prevalence of NIDDM in the world, some 50 per cent of adults being affected.

Up to 8 per cent of the one million or so Indo-Asians living in Britain have diabetes. NIDDM has a strong familial basis and may be related to insulin resistance which is more common in Indo-Asians. Diabetes in first generation UK Asians could be as a result of their complete change in lifestyle on moving from rural India to urban, sedentary and overweight Britain.

● This article is a summary of The History of Diabetes Exhibition, compiled and sponsored by Bayer plc, which is touring the UK and Europe as part of a series of meetings which aim to raise the awareness of non-insulin dependent diabetes.

In 1995 the Exhibition can be seen at the following venues: **January 26**, Wembley Arena, London; **February 9**, Gosforth Park, Newcastle; **February 16**, NE Thames region (venue to be confirmed); **February 23**, Aintree Racecourse, Liverpool; **March 2**, SW Thames Region (venue to be confirmed); **March 9**, Royal Marine Hotel, Dublin; **April 20**, Maidstone, Kent; **April 27**, Central TV Studios, Nottingham.

Pain management

Every day in your pharmacy many customers will buy painkillers (analgesics) or ask for advice about painful conditions. With a huge range of products available, how do you know which ones to recommend? Trudy Thomas, a community locum pharmacist and a training officer at the National Pharmaceutical Association, gives some guidelines

What is pain? When we suffer pain it is our body's way of warning us that something is wrong. In many cases we know what the problem is. For example, if we feel achy due to a cold, we will simply want to relieve the symptom of pain until the cold has gone. Pain that doesn't go when over the counter products are tried, or that keeps coming back, must not be ignored.

Customers will use lots of different ways to describe pain: burning, stabbing, sharp, aching, twinging, throbbing, sore, etc.

Everyone feels pain differently. What is difficult for assistants and pharmacists alike is deciding just how bad a person's pain really is.

Questions to ask

When a customer complains of pain you have to ask yourself two questions:

1. What is causing this pain?
2. Is there a possibility that something more serious could be wrong?

In order to answer yourself, you will in turn need to ask the customer the 2WHAM questions.

• Who is the person suffering the pain?

Remember, it may not be the person asking for advice.

• What are the symptoms?

In this case what is the pain like, where is it? You might ask if the pain moves, if it is getting worse and so on.

• How long has the pain been present?

• Has the customer taken any action so far?

Perhaps they have tried a painkiller, if so which one and has it worked? Some customers may already have visited the doctor.

• Does the customer take any other medicines?

Depending on the answers you get to your questions, you may need to refer to the pharmacist.

When to refer

The following groups of patients should be referred:

- those under eight years old
- pregnant or breastfeeding women
- the elderly
- those taking other

medicines.

You should also refer anyone with pain which:

- is severe
- has started suddenly for no apparent reason
- keeps coming back
- isn't helped by over the counter remedies
- is combined with other worrying symptoms, such as shortness of breath, bleeding, unexplained loss of weight.

Check your pharmacy protocol to see if there are other cases that your pharmacist wants referring.

Analgesics

Over the counter products for the relief of pain are based on four main

ingredients:

- Aspirin
- Paracetamol
- Ibuprofen
- Codeine.

Aspirin

This is the most traditional of all the painkillers. It is especially good at killing pain where inflammation is a problem; for example, back ache. It is also good for taking down temperature, which might accompany the aches and pains of colds and flu.

Many people are unable to take aspirin, however. It should be avoided in:

- children under 12
- asthmatics

- people allergic to aspirin
- those with stomach ulcers now or in the past
- those on certain prescription medicines, eg warfarin.

Many people are allergic to aspirin. It can cause anything from a mild rash to death in some rare cases. People who are asthmatic may have an asthma attack after taking it.

Aspirin can cause stomach problems. To reduce these effects it should be taken with or after food and you must advise customers of this. The effects on the stomach are much worse for

Continued on p20 ►



Courtesy of Nurofen Plus

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.⁽¹⁾ Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.



(1) National Headache Survey, Gallup 1993



**You can't recommend
more powerful relief.**

Syndol[®]

Paracetamol·Codeine Phosphate
Doxylamine Succinate·Caffeine

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** P CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.65 20 tablets £2.85 50 tablets £6.08. **DATE OF PREPARATION:** November 1994. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.

Continued from p 18

anyone who already has a stomach problem, eg an ulcer. Aspirin is not suitable for the under 12s because it can cause a rare but serious condition called Reye's syndrome.

Ibuprofen

Ibuprofen is also good at reducing inflammation. It is especially good at treating period pain, too. It is, however, related to aspirin and many of those who cannot take aspirin will not be able to take ibuprofen either, eg asthmatics. It can also have an effect on the stomach and should be taken with or after food. Until recently children under 12 were unable to take ibuprofen, but now a product is available in a syrup form for children over a year old.

Paracetamol

Paracetamol is a good analgesic, but is not as good at taking down inflammation as aspirin or ibuprofen. At the suggested dose it causes few side-effects and can be taken by children over the age of three months. (There is a special dose for two-month-old babies after

injections). Taking too much paracetamol can damage the liver and is very dangerous. A problem arises because paracetamol is in so many products, both over the counter and on prescription, and for this reason it is important to point out to customers if the product they are buying contains paracetamol.

Codeine

Codeine and its stronger relative, dihydrocodeine, are not available on their own over the counter, but are combined with one or more of the other painkillers to make a stronger product. It is only suitable for adults, but is best avoided in elderly customers as it can cause constipation.

Combinations

Have a look at the packets of painkillers that you stock. What other ingredients do they contain? Caffeine is often included to help the person in pain feel more awake and generally brighter. In most cases, however, a cup of coffee will contain more caffeine than many of these products. Doxylamine is an

antihistamine and the fact that it causes drowsiness makes it useful for people with a tension headache. Cyclizine and buclizine are also antihistamines, and are mainly used for their ability to reduce sickness. They are particularly useful for migraine headaches, but again cause drowsiness.

Misuse of painkillers

Many people misuse painkillers, because they are not aware how powerful even over the counter

remedies can be. Many think that because two paracetamol tablets cured their headaches before, three this time will make the headache vanish even quicker. This is untrue and very dangerous. It is also the case that some people are addicted to analgesics, so watch out for customers buying large quantities or purchasing on a regular basis. Check your pharmacy protocol for how best to deal with these situations.

Quick analgesic quiz				
From memory try to complete the chart below, then check your answers using the products on your shelves. We've done the first one for you.				
Ingredient/Product	Paracetamol	Aspirin	Ibuprofen	Other
Solpadeine tablets	X			Caffeine Codeine
Migraleve Pink				
Syndol				
Nurofen				
Feminax				
Medised				
Anadin Extra				
Nurofen Plus				

Nurofen Plus.

Ibuprofen BP. Codeine Phosphate BP.

Product Information: Each tablet contains ibuprofen BP 200mg and codeine phosphate BP 12.5mg. **Indications:** Effective in the relief of migraine, headaches, neuralgia, dental pain, dysmenorrhoea, rheumatic and muscular pain, backache, fevershness, symptoms of cold and influenza. **Dosage and Administration:** Adults and children over 12 years: initial dose 2 tablets taken with water, then, if necessary, 1 or 2 tablets every 4-6 hours. Do not exceed 6 tablets in 24 hours. **Precautions and Warnings:** As with some other pain relievers, Nurofen Plus should not be taken by patients with a stomach ulcer or other stomach disorders or hypersensitivity to ibuprofen or codeine. Patients receiving regular medication, asthmatics, anyone allergic to aspirin, and pregnant women should be advised to consult their doctor before taking Nurofen Plus. In normal use, side effects are very rare, but may occasionally include dyspepsia, gastrointestinal intolerance and bleeding, constipation, nausea, skin rashes, depending on dosage and individual susceptibility. Not recommended for children under 12. If symptoms persist for more than 7 days, patients should be advised to consult their doctor. **Product Licence Number:** PL0327/0082. **Licence Holder:** Crookes Healthcare Ltd., Nottingham NG2 3AA. **Legal Status:** P. **Price:** 12's £1.85; 24's £3.39 **Date:** January 1995



NEW

NUROFEN PLUS

ADVANCED DUAL ACTION

WHERE TWO GREAT POWERS MEET



Topical analgesics

Many customers like to treat their muscular aches and pains with a cream, spray or rub. These are examples of topical analgesics.

Topical means applied directly to the area that is affected. Many of these products leave the area feeling warm and massaging them into the skin can bring relief.

Products containing ibuprofen and ketoprofen, until recently only available on prescription, can now be sold over the counter. It is likely that in the next year more anti-inflammatory products will follow.

Occasionally topical products can cause skin irritation and they should not be applied to broken skin. Because topical products can cross the skin layers into the blood, people who cannot take ibuprofen by mouth must be very careful about using anti-inflammatory creams and ointments.

Check with your pharmacist on how he or she wants you to deal with requests for these medicines.

Types of pain

There are many different types of pain.

- Headache
- Migraine
- Sinusitis
- Stomachache
- Period pain
- Toothache
- Muscular pains
- Strains, sprains and bruises.

I'm sure you can think of others.

Let's have a look in more detail at some of these types of pain that can be treated with over the counter painkillers.

Headache/migraine

One of the commonest types of headache is tension headache. This can start in the neck or back of the head and result in a band of tightness above the eyes. It is more common in women and is linked to stress.

True migraine headaches usually affect one side of the head only. The sufferer will often experience strange sensations before the headache starts and may see flashing lights. Many attacks make the sufferer feel or be sick. You should refer anyone who is suffering what sounds like a migraine headache for the first time to your pharmacist.

Continued on p23 ►

NUROFEN PLUS 24 Tablets

POWERFUL PAIN RELIEF

PAIN DOESN'T STAND A CHANCE.

ADVANCED DUAL ACTION FOR EXTRA-STRENGTH PAIN RELIEF

The proven power of ibuprofen. The established power of codeine. By bringing them together in a unique combination, new Nurofen Plus gives you an ideal recommendation when extra-strength pain relief is called for: migraine, tension headache, cramping period pain, post-operative dental pain, neuralgia, sciatica, lumbago and rheumatic pain.

The new way to bring a child's fever down

PRODUCT INFORMATION:
Product: Junifen Suspension:
5ml contains 100mg ibuprofen
BP Indications: For the
reduction of fever and relief of
mild to moderate pain in children
between the ages of 12 months
and 12 years. **Dosage and
administration:** Children
1-2 years: One 2.5ml spoonful
3-4 times a day, children
3-7 years: One 5ml spoonful 3-4
times a day, children 8-12 years:
Two 5ml spoonfuls 3-4 times a
day. Do not exceed 4 doses in
any 24 hours. **Precautions and
warnings:** Junifen should not
be given to children with stomach
ulcers or other serious stomach
disorders. Patients receiving
regular medication, asthmatics,
anyone allergic to aspirin and
pregnant women should be
advised to consult their doctor
before taking Junifen. Not
recommended for children under
the age of one year or weighing
less than 7kg (16lb). If symptom
persist for more than 3 days
patients should consult their
doctor. Adverse effects
reported include: dyspepsia,
gastrointestinal intolerance and
bleeding and skin rashes. Less
frequently, thrombocytopenia has
occurred. **Product licence
number:** PL 0327/0077.
Licence holder: Crookes
Healthcare Ltd., Nottingham NG
3AA. **Legal category:** P Price
Junifen Suspension: 100ml £2.61
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Healthcare Ltd.

At last, you can recommend the antipyretic and
analgesic benefits of ibuprofen for children.

Junifen's antipyretic action is greater^{1,2}, longer
lasting^{1,3,4} and more rapid^{2,4} than paracetamol's.

Its efficacy in relieving pain is proven in years
of prescription use^{5,6}.

And it's as well-tolerated as paracetamol⁷.

Free of sugar and colour, the orange flavoured
Junifen suspension is the one to recommend for
childhood pyrexia and pain.

Junifen

IBUPROFEN SUSPENSION

Now you have a choice for fever
and pain in children



NOW AVAILABLE WITHOUT A PRESCRIPTION

CROOKES
Healthcare

Continued from p21

For regular sufferers the time to take painkillers is as soon as the warning sensations start, before the headache actually begins.

Aspirin-containing products are best avoided because they can make the sickness of migraine worse.

Period pain

Many women suffer from cramping stomach pains just before their period starts, and painkillers, particularly ibuprofen, can be effective.

Tooth pain

The pain of teething may cause young children much distress. Paracetamol and ibuprofen in liquid form can help. Some products also include an antihistamine to aid sleep.

Anyone with toothache needs to see their dentist, but a strong painkiller, such as paracetamol and codeine, can be helpful until they can get an appointment.

Sinusitis

Congestion in the sinuses, the passages that lead to the nose, often accompanies a cold and can cause a headache over the eyes. Combination products of decongestants and painkillers can be helpful, but remember to check if customers are taking any other medicines.

Muscular pain

Ibuprofen and aspirin, with their anti-inflammatory effects, are useful for muscular aches and pains, and customers may like to try topical products.

Warmth generally is good for muscular aches, although bruises, twisted ankles and other types of sudden injury will often be helped by a cold compress and the raising of the injured part.

Check with your pharmacist if you are unsure how best to treat a strain, sprain or muscular problem.

Your role

Counter assistants have an important role to play in helping customers in pain. There are so many analgesics on the market that you could never be expected to know them all, but get to know a small number well. (Why not have a go at our quick quiz to see if you can remember what is in some popular analgesics.)

Point out to customers the main ingredients of the painkiller as you sell it. By asking questions you can identify customers that need to see your pharmacist.

Osteoporosis: the silent killer

Good bones should last a lifetime, but unfortunately for many of us they don't. In the UK, over 2 million people have thin and fragile bones. One in four women, and one in 20 men, will have an osteoporosis-related fracture before they reach the age of 65. We're all at risk from this crippling disease, yet we can prevent it, as Victoria Goldman explains

Osteoporosis creeps slyly into victims' lives, eating away at their bones for many years before it is diagnosed. In most people, the symptoms are so low that the disease only becomes apparent when a bone gets broken after a minor fall.

However, those who are severely affected suffer from back pain and may also lose height and develop a curved back, as the bones in their spine weaken and crush together. This may squash their chest cavity and put pressure on their bladder, causing breathing difficulties and incontinence.

Bone metabolism

From the outside, osteoporotic bones look normal, but inside, the rigid honeycomb structure has broken down to reveal large craters.

Like all living tissue, bone is constantly being replaced and renewed by its cells, which use calcium from the diet to make bones dense and strong. Normally, your bones grow until you reach age 30, when your bone density reaches a maximum — your 'peak bone mass'.

After about age 35, your bone tissue starts to lose calcium — faster than it is replaced — so you may get a little weaker and your bones may become more brittle.

Once bone is lost, it can't be replenished, but if your peak bone mass is high, the bone loss won't be so noticeable. Peak bone mass is partly genetically controlled, so osteoporosis often runs in families.

Men v women

Men naturally have a higher bone density than women to start with, so it's not surprising that they are less prone to osteoporosis. But there is another culprit causing the high proportion of women sufferers: the menopause.

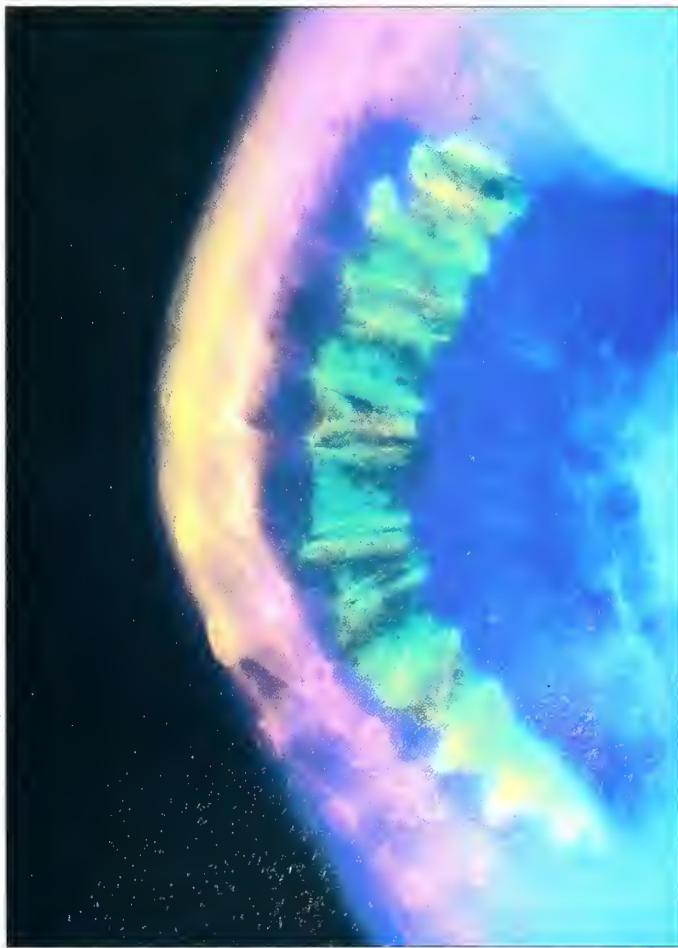
Both men and women lose about 0.4 per cent of their

bone mass each year after they reach age 35, but while this rate stays steady in men as they get older, it increases dramatically in women.

They lose 2 per cent of their bone mass in each of the first five years after menopause (which starts around the age of 50), and then 1 per cent for every year after that.

oestrogen maintains calcium levels in the body, so once oestrogen supplies decline, the bone mass falls.

Replacing the lost oestrogen, in the form of hormone replacement therapy (HRT), is the most common treatment and preventative measure in women under 65, especially those with exceptionally thin



Courtesy of Science Photo Library

Women who have an early menopause, perhaps because of a hysterectomy, can lose up to half their total bone mass before they reach the age of 70.

HRT

When women reach menopause, their ovaries start to wind down and the output of oestrogen is reduced. Normally,

bones or a family history of osteoporosis.

You can take HRT in pills, patches or implants and treatment can be tailor-made to suit your needs, although it isn't suitable for everyone. Some forms, for women who still have a womb, contain progesterone to reduce the

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Getting enough?

The National Osteoporosis Society suggests that children between seven and 12 years of age should get **800mg** of calcium a day; teenagers between 13 and 19, men between 20 and 60 and women over 45 on HRT should get **1,000mg**; pregnant and breastfeeding mothers should get **1,200mg**; and pregnant and nursing teenagers and men and women over 45 should get **1,500mg**.

The Department of Health's recommendations are slightly lower, but recent research suggests that the higher levels are more beneficial. Be careful though, as too much calcium (over **2,000mg** a day) may cause constipation, nausea and, more seriously, kidney stones.

Continued from p23

chances of developing endometrial cancer.

Taking HRT for over five years, starting soon after menopause, cuts the risk of a fracture by about 50 per cent and slows bone loss to about 0.5 per cent a year.

In addition to this, HRT eliminates the usual menopausal symptoms, including hot flushes and night sweats, which make many women's lives a misery.

Although HRT doesn't cause many side-effects, initial nausea and breast tenderness are common and a few women suffer from severe headaches as a result of the treatment.

Role of testosterone

In 20 per cent of men, low testosterone levels play a part in the onset of osteoporosis, although testosterone's exact role in maintaining bone levels is unclear.

It seems that men who are born with reduced testosterone levels have reduced bone formation, although this can be treated efficiently with testosterone replacement.

Men who develop testosterone deficiency in later life have increased bone breakdown. Preliminary research findings suggest that testosterone replacement is also beneficial in these men.

But it does have its side-effects, such as a raised blood pressure and, in high doses, an increased sex drive and aggressive behaviour.

Contributing factors

Not all post-menopausal women develop osteoporosis and only a few male sufferers have reduced testosterone levels, so there must be other factors involved. Too much alcohol and tobacco, the effects of certain drugs (especially corticosteroids), too little exercise and a lack of calcium all seem to contribute to osteoporosis.

Don't panic

If you think you're at risk, don't panic — there's a lot you can do to minimise bone loss, and the sooner you adapt your lifestyle the better.

• Drink sensibly



Too much alcohol decreases your ability to absorb calcium and increases the risk of falls. Don't exceed the recommended guidelines of 14 units per week for women and 21 units per week for men — one unit is about half a pint of beer, a glass of wine or a single measure of spirit.

• Quit smoking

Tobacco is harmful to bones and encourages an early menopause. Not only will you reduce the risk of becoming an osteoporosis sufferer, you will also protect yourself against lung cancer and heart disease.

• Take more exercise

This will strengthen your bones and improve your balance and coordination. You don't have to run several miles every day — a brisk walk for 20 minutes, three times a week, should be sufficient.

In fact, if you exercise too vigorously you may do yourself more harm than good by disrupting your monthly cycle and reducing your oestrogen levels to danger point.

• Calcium intake

Make sure you get plenty of calcium in your diet, especially if you're pregnant, breastfeeding or over the age of 50. Vegans may also need extra calcium, as dairy products and oily fish are the best sources — one pint of milk contains just over 1,000mg of calcium, the recommended adult daily intake. These foods are also high in vitamin D, which helps your body absorb

efficiently.

At present, Didronel PMO is the only form of this drug licensed to treat osteoporosis, and it must be taken for 14 days followed by a calcium supplement for 76 days, over a period of three years. Stronger forms of this drug are currently being assessed.

• **Anabolic steroids** build up muscles and bones, so they are especially helpful in the elderly. But they have limited use, as they cause severe acne and the growth of facial hair, and may increase the risk of liver and heart problems.

• **Fluoride.** The effect of fluoride on bone is controversial, as low levels reduce the number of fractures, but high levels seem to increase them. Getting the right dose is important, so only a few specialist centres offer this option.

• **Calcitonin** is the only treatment that can relieve the pain suffered by many patients with osteoporosis. A hormone which inhibits the cells that break down bone, calcitonin is also an effective painkiller with few side-effects. At present, it is only available in an injected form, but nasal sprays and rectal suppositories are currently being tested.

• **Alternative painkillers** Other ways to relieve pain include hot water bottles and cold ice packs, simple painkillers and hydrotherapy (physiotherapy in a pool heated to 98°F to relax muscles and increase mobility). Acupuncture and electrotherapy may also be helpful.

Support

If you do suffer from osteoporosis, you're not alone. The National Osteoporosis Society is a charity which funds research into the disease, as well as providing help for sufferers and their families. **National Osteoporosis Society, PO Box 10, Radstock, Bath BA3 3YB. Tel: 01761 432472 or call its helpline on 01761 431594.**

Handy hints

- Minimise the risk of a fall by removing loose carpet, securing down rugs and wires, and keeping your rooms well-lit.
- If children don't like milk, be inventive. Give them milkshakes or hot milky drinks and introduce more cheese and milk into your cooking.

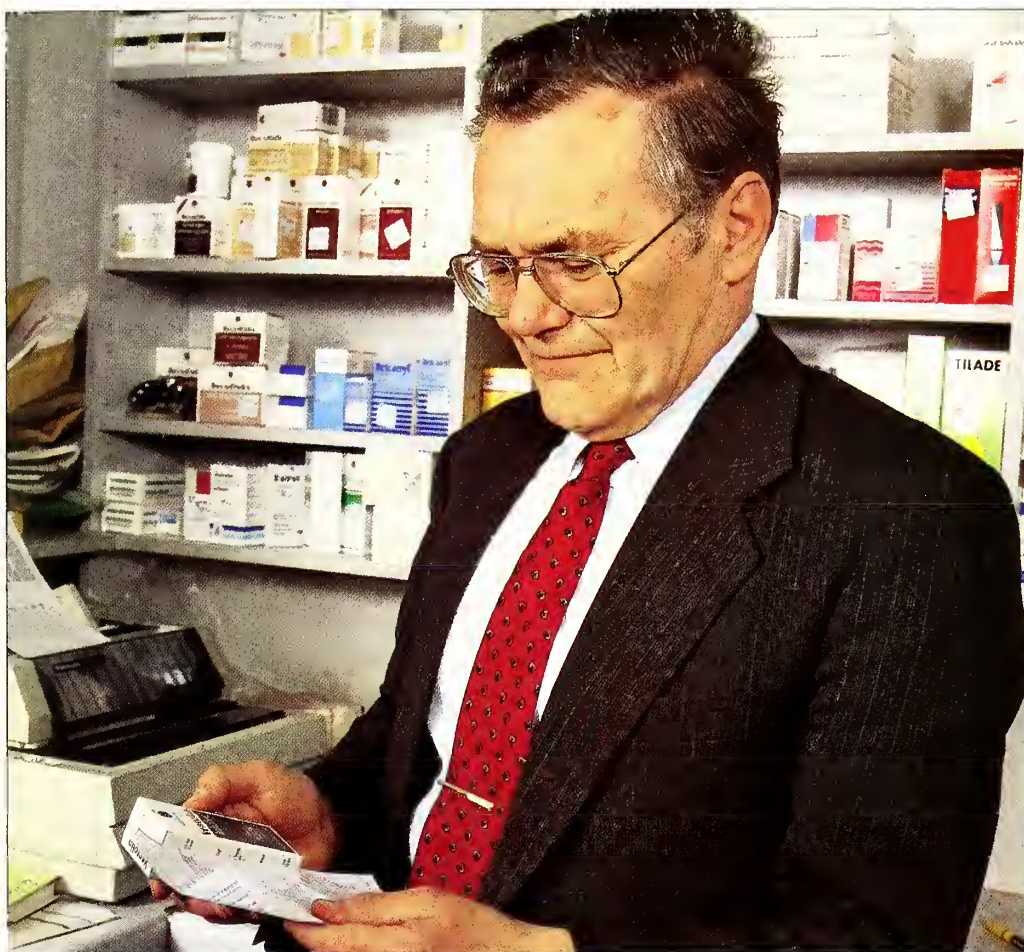
calcium, although we get most of the vitamin D we need from natural sunlight.

Elderly people are especially at risk from calcium deficiency, as they don't absorb vitamins and minerals very efficiently. If you don't get enough calcium or vitamin D you may need to take supplements.

Drug therapy

Calcium may help prevent osteoporosis, but it can't treat it — for that, you need HRT, testosterone or other prescribed medication.

• **Cyclical etidronate** is a non-hormonal treatment for women with osteoporosis of the spine and may also be effective in men, although there has been little research in this field. It sticks to the outside of bone, preventing the cells which break down bone from working



Pharmacy in the primary healthcare team

Jeremy Clitherow MBE, FRPharmS, explains what the primary healthcare team is and how pharmacy staff can make an important contribution to it

What do we mean by 'primary healthcare' and the 'primary healthcare team'? In the most basic terms, primary healthcare refers to the services delivered in the community sector, and 'secondary healthcare' to those supplied by hospitals.

Not so very long ago, primary healthcare services were restricted to those provided outside hospital by family doctors, the local dentist, the community pharmacist and the optician on the High Street.

Single-handed or two-handed general practices were the norm. Group practices and modern health centres were unheard of. The common factor was that the various professionals all worked in isolation.

Nowadays, multipractice

centres are commonplace, particularly in the case of new developments. The revised health service has recognised the added value of incorporating the skills and knowledge of a much wider group of health professionals into a unit, hence the multipurpose primary healthcare team.

The nucleus of the team will always be the GP's surgery. Radiating out from there will be the support staff, each a valuable member in his or her own right.

The new NHS

It is rewarding to read the Government's own words in describing the primary healthcare services. "These services are the frontline of the National Health Service.

On an average working day, in excess of 1.2 million people use them. The Government spends over £5,000 million each year to purchase them."

These are not just words. The NHS is committed to developing and encouraging the formation of healthcare teams. The first positive incentive was the removal of the restriction on the types and numbers of staff a GP was allowed to employ. The next was to embark upon an ambitious scheme of investment in GP surgery premises right across the country.

You have only to walk into the average GP's surgery today and compare what you see with what was available only a few years ago to realise that the Health

Service is really advancing quickly.

A common feature in many surgeries now is the large picture frame showing photographs of all the staff members and giving their job titles. There are practice managers, practice nurses, receptionists, administrative and clerical staff members, chiropodists, community dentists, health visitors, community nurses, midwives, physiotherapists, social workers, psychologists, dieticians, counsellors, specialist clinic nurses, opticians and even pharmacists!

Teamwork

The Secretary of State for Health, Virginia Bottomley, and the chief executive of the NHS, Alan Langlands, have one vitally important message for us all. That the NHS is a team, and one with many players. Different players bring different skills and strengths.

The cumulative skill-mix of any team will always be greater than that of its constituent members. Remember too 'They also serve ...' Everyone is valuable and everyone brings a worthwhile addition to the services available from the team.

That's what we mean by the primary healthcare team.

What do they do?

The answer is quite simple. They bring their particular training and expertise to the patient and widen the scope of the care available at the centre.

'Shared care' is the vogue term. The way it works is that the patient is seen and their needs, be they medical, surgical, physical or social, are assessed. They are then given care plans of one sort or another and despatched to the best informed and experienced member of the team for implementation of the plan.

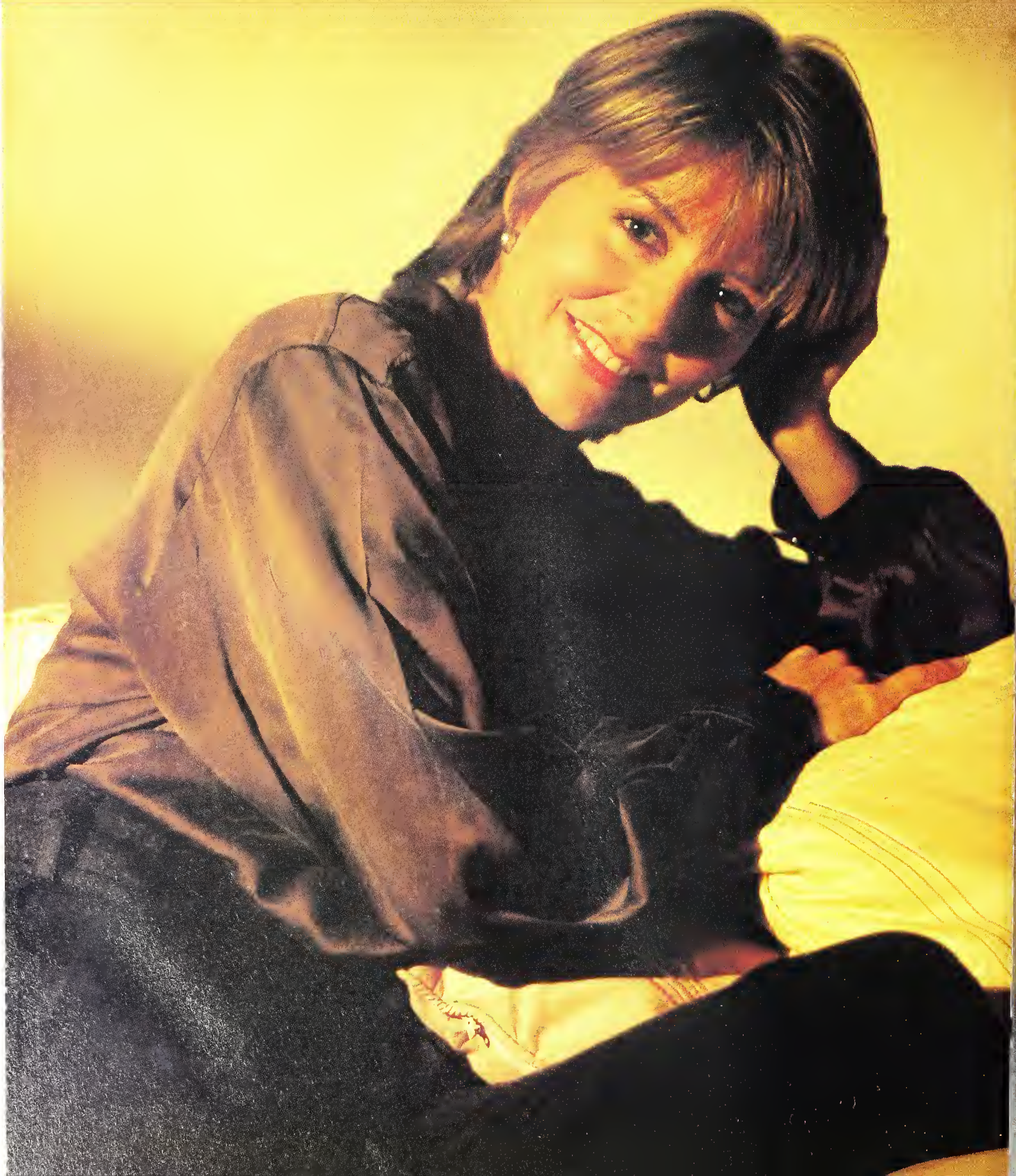
In simple cases, the plan may be oral and take the form of an advisory session and referral to, say, the practice nurse for a wound dressing. It could equally be a referral to a surgeon outside the primary healthcare team. Whatever is needed is provided.

Patient awareness

Practice leaflets are all very well, but will never match the speed and coverage of the spoken word. Call it village gossip if you like. It works. The more the

Continued on p28 ►

I thought a cream wa



the perfect answer to thrush."

Doctors realise that women want the quick, soothing relief a cream can provide. But they also know that, while thrush may cause external itching, the fungus that causes thrush lurks

thrush more than anything else. Used inside the vagina, it's so effective that it treats just about all sufferers with one overnight treatment. The symptoms will start clearing immediately and will

"So why do doctors prescribe pessaries?"

inside the vagina. Unless it's killed there, the itch can come straight back. That's why you should recommend an intravaginal treatment: Canesten 1 pessary. It contains clotrimazole, which doctors prescribe for vaginal

totally disappear within three days. Meanwhile, in really bad cases, you can suggest that the woman use a cream as well. But your first, and in most cases only, recommendation should be Canesten 1 pessary.



Treat the cause, not just the itch

Continued from p25

patients know about the facilities available, the more they will use them. With increasing uptake comes increased efficiency.

Protocols for Pharmacy medicines are now well known by us in the profession. How many patients know about them yet? How many pharmacies have thought to consult their community in the preparation stages?

Similarly, surgery protocols for treating illnesses have merit. We know that most sore throats are viral and that it is a downright waste to use a broad spectrum antibiotic on a viral infection. How many patients know this? It makes sense to produce a primary healthcare treatment protocol for just this type of situation.

Let the patient know. Explain it. Give them the information about what you propose to do and involve them in the process. Identify the lead person in the team whose speciality it is and introduce the practitioner to the patient.

How pharmacy fits in

At present, a pharmacy department within a health centre is the exception rather than the rule. This is likely to change. The arguments in favour are legion, but let us not see the world through rose-coloured spectacles. Business is business. Some pharmacies have gone into health centres only to rue the day they ever gave up their own 'shop' and became a tenant. This normally happens when the rent review is due.

Looking on the positive side, whether the pharmacy is within the bricks and mortar of the health centre, adjacent to it or just down the road, there is a great deal it can bring to the primary healthcare team.

The first and most obvious is the expertise in all medicines, Prescription Only Medicines, Pharmacy Medicines, and General Sales List. Next comes the actual dispensing process. This is, and will always be, a core function of the profession. To ensure that the patient receives exactly what the prescriber intended, in the correct form, with full supporting information, promptly, safely and professionally is the essence of pharmacy.

In practice

Remembering that everyone is a team player, how best

can we in pharmacy use our skills for the benefit of the patients and the other health practitioners? It is rather like the situation where you give someone a blank piece of paper and ask for an essay without specifying the subject.

Fortunately for us, the answers have already been given to us in, among others, the 'Health of the Nation' targets. The document

general health promotion.

• Cancers

Smoking is the biggest known cause of lung cancer. It is also linked to many other potentially fatal cancers. Smoking cessation advice and the supply of cessation aids, such as nicotine gum and patches — and the new spray — will therefore be a valuable addition to the team attack on preventable cancers.



'You have a significant part to play in the team if you are prepared to become involved'

specifies five main areas of concern and lays down targets for improvement. The major areas are coronary heart disease (CHD) and stroke, cancers, mental health, AIDS plus sexual health, and, finally, accidents.

Put the resource, you, and the information together and deliver the national or local health messages to the community where you work. In doing so, you are playing your part as an active and valuable member of the primary healthcare team.

• CHD and stroke

Factors which affect CHD and stroke include smoking, obesity, diet, cholesterol, alcohol, salt intake, blood pressure and exercise, to name but a few. Pharmacy staff are uniquely placed to give advice on smoking cessation, diets, cholesterol testing, safe drinking, blood pressure monitoring and

Remember the sunscreens, too. So many people go abroad and disregard the risks of skin cancer. Melanomas can be terribly disfiguring and are frequently fatal. Sensible advice from a healthcare team member could prevent all that heartache.

Breast cancer and cervical cancer screening do not come within our remit, but advice on them does.

• Mental illness

This is the unseen and unspoken disease. It is still shunned by its victims and their families. Its effect can be devastating to patients and those close to them.

With the closure of the large institutions, the former residents will be transferred to care in the community. Their care will be in our hands. Whether our role will be restricted to the immediacy of pharmacy alone all depends upon the

team care plan. If you don't ask or offer, your strengths will go unnoticed and the patient lose out.

Compliance is important. Drugs don't work in patients who don't take them. Counselling, advising on side-effects and general background knowledge are all invaluable.

• Accidents

Accidental poisoning by prescribed medicines still causes many unnecessary tragedies. Child-resistant tops on bottles are only a halfway house at best. Surely the answer to the problem is respect and safe storage of all medicines, keeping them away from the eyes and reach of children.

DUMP campaigns attempt to remove all the unwanted and surplus medicines from our houses. A gentle reminder of the availability of your disposal service might one day save a life.

General accidents still account for 9,000 deaths per year. The cause could be as diverse as drowsiness the morning after last night's sleeping pill to light-headedness brought about by standing up too quickly while taking certain blood pressure treatments.

The most common cause of death in people under 30 is accidental. Your help, as part of an overall strategy, could save lives.

• HIV and sexual health

AIDS kills. Whether the source of the infection is shared infected needles and syringes or unprotected sex is immaterial. Prevention is our only defence, for the time being. Even if the victim does not contract HIV, there is the possibility of other sexually transmitted diseases, such as syphilis, gonorrhoea, non-specific urethritis, herpes and warts. The pill will prevent pregnancy, but is useless against all these contact diseases. Again, professional advice is invaluable.

Conclusion

You have a significant part to play in the team, if you are prepared to become involved. The local surgery will be the focal point in most cases. The messages are already well documented for us all. The variable is how to communicate them to the people who will benefit most. Discuss with your pharmacist how your pharmacy may become involved as an active primary healthcare team member. Enjoy it, save lives and promote better health in your community.

Put your best foot forward

We keep them hidden most of the day, squeeze them into unsuitable shoes, we are often ashamed of them and generally take them for granted. However, we expect them to do all the running and support us in everything we do - feet quite simply get a raw deal!

These very important parts of the body are a marvel of biological engineering. With all the stresses and strains feet are under, it's no wonder that around 14 million people in Britain alone seek advice on common foot problems every year. The local pharmacy is often the first port of call for those afflicted by blisters, bunions and athlete's foot to name but a few.

As a pharmacy assistant, your advice is invaluable. Therefore Mycil, the leading athlete's foot treatment, is undertaking a survey to discover what your experiences are of the common foot complaints presented in the pharmacy.

1. Do you feel you are equipped to handle questions from customers on foot care?

- All the time ☐
Most of the time ☐
Occasionally ☐
Never - I always refer to the pharmacist ☐

2. How often do you give advice on foot care?

- Several times a day ☐
Once a day ☐
Several times a week ☐
Once a week ☐
Less than once a week ☐

3. From where have you obtained information on foot care?

(please rate as follows: 1= most often; 5 = least often)

- From the Pharmacist ☐
From pharmacy assistant's or pharmacy magazines ☐
From women's magazines ☐
From literature issued by manufacturers ☐
Formal training schemes - please state ☐

4. Please tick from the following list all those symptoms which indicate athlete's foot

- Itchy white and soggy skin often between the fourth and fifth toes ☐
Small splits in the skin often between toes ☐
Whole foot may appear red, itchy and painful ☐
Flaking skin ☐

Occasional weeping rash and distinct odour ☐

5. How would you rate the information you receive from manufactures on foot care?

Please place a tick in the appropriate column against the criteria listed.

	agree	disagree	don't know
I find it easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It gives enough detail on foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It helps me to answer the queries I receive from customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often give out foot care literature to my customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would find more information on foot care useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't take any notice of manufacturer's literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What are the most common foot problems that people seek advice for in the pharmacy over the course of a year?

Please rate as follows: 1= most common; 7 = least common

- Athlete's foot ☐
Corns and calluses/hard skin ☐
Bunions ☐
Sweaty/smelly feet ☐
Verrucae ☐
Nail problems (ingrown toenails and nail infections) ☐
Chilblains ☐
Don't know ☐

7. Do you suffer from any foot ailments yourself?

Please state
What products do you use?

8. If a customer has athlete's foot do they (generally speaking) seek your advice?

(please tick the most appropriate answer)

- They tend to self select the brands they want ☐
They tend to ask advice ☐
Don't know ☐

9. What brands do you most often recommend to customers with foot problems?

	BRAND
Athlete's foot	<input type="checkbox"/>
Corns and calluses/hard skin	<input type="checkbox"/>
Bunions	<input type="checkbox"/>
Smelly/sweaty feet	<input type="checkbox"/>
Verrucae	<input type="checkbox"/>
Nail problems	<input type="checkbox"/>
Chilblains	<input type="checkbox"/>

10. How do you decide what brands to recommend for foot problems?

(please tick all those appropriate)

- Brands seen advertised ☐
Brands your pharmacist has told you about ☐
Brands you have read about in pharmacy Press ☐
Brands you have read about in manufacturer's literature ☐
Brands you have always recommended ☐
Don't know ☐



FREE FREE FREE 20 MYCIL HEALTHY FEET KITS

If you spend hours on your feet all day, then you'll know that keeping feet healthy is top priority. Mycil have put together a "Healthy Feet Kit" to give your feet a break. It

comprises a shoe bag (ideal for keeping trainers, work shoes or even your toiletries) and comes with: your own personal foot towel; wooden foot massager to relax and invigorate feet; a nail brush with a pumice to smooth hard skin; and one-size Totes Toasties to keep feet cosy. Mycil athlete's foot powder completes the pack. Combining an effective anti-fungal, tolnaftate, with an antiseptic, use Mycil to treat symptoms of athlete's foot, prevent reinfection and soothe the foot back to health.

20 lucky respondents to the survey will be selected at random to receive a Mycil Healthy Feet Kit worth £40.

If you would like the chance to receive the Mycil Healthy Feet Kit, complete the coupon and send it with the questionnaire to Mycil Survey c/o Maureen Cropper PR, FREEPOST, London SW8 4YY by February 28th 1995.

Mycil have produced a Step By Step Guide to Healthy Feet which offers customers advice on the problem of athlete's foot. If you would like to receive free copies tick the quantity you require on the coupon.

Name.....

Address.....

I would like the chance to receive one of 20 Mycil Healthy feet bags. I am over 18 years of age.

Signature.....

Send me 10 ☐ 20 ☐ 30 ☐ copies of Mycil's Step By Step Guide to Healthy Feet.

Always read the label.

TEAR OUT PAGE, FOLD IN THREE, SEAL & POST

Mycil Survey
c/o Maureen Cropper PR
FREEPOST
London SW8 4YY

Health and safety at work

Health and safety at work can tend to be one of those things which we do not think about until something goes wrong. And things do go wrong.

According to a Health and Safety Executive Report (early 1994), the overall cost of work-related ill health and accidents, including those where no one gets hurt, is between £11 billion and £16bn per year. This vast sum of money is equal to between 2 and 3 per cent of the gross domestic product (GDP).

To take the figure further, the cost to employers is between £4bn and £9bn per year, equating to between £170-£360 per person employed. The remainder of the total loss is the cost to individual workers and their families, social security payments and compensation.

Looking at these figures it quickly becomes clear that it makes sense, both in terms of preventing injury and in preventing another drain on the profits of your pharmacy, to avoid accidents and health hazards.

The sad thing about the huge amounts quoted above is that many of the accidents and much of the ill health resulting from problems at work could be prevented by more care on the part of everyone employed and better management of the work environment.

Legislation

There has been legislation concerned with safety at work for many years in Britain. The main piece, The Health and Safety at Work Act, was passed in 1974. Since then there have been many changes and additions to the Act. The most recent changes, known as the 'six pack', have come about because of European requirements and are concerned with managing health and safety, and assessing risks.

Everyone at work has a

As an employee you are entitled to healthy and safe working conditions.

Training consultant Diane Bailey explains the laws that protect workers and practical ways of reducing risks in the pharmacy



legal duty to:

- work safely
- take reasonable care for the health and safety of their colleagues and customers
- keep the workplace safe
- work with their employers to ensure that the business is run within the requirements of any legislation.

Under the relevant legislation your pharmacy is responsible for providing healthy and safe working conditions and for ensuring

that all work operations are carried out safely.

Who's responsible?

The senior manager, or board director in a larger pharmacy organisation, is responsible for ensuring that safe working practices have been defined and are in place. All managers are responsible for implementing these safe working practices.

Supervisors are

responsible for maintaining safe working conditions and for training other staff in the correct and safe way of working and using any equipment. All employees are responsible for using the safe working methods defined and for the safety of visitors and customers. So, as

you can see, the legislation gives everyone in your pharmacy specific responsibilities for health and safety.

To ensure that pharmacies and other companies comply with legal requirements on health and safety there are two main enforcing bodies, the Health and Safety Executive and the local council's environmental inspectors. Failure to meet the requirements of the legislation can result in a fine or imprisonment or both.

Risks and hazards

What are the risks or hazards to health and safety in a pharmacy? You will already be aware of the strong requirements for storing and dispensing drugs and medicines. Your pharmacist may already keep detailed records of customers who have had prescriptions filled, so that they can advise on likely reactions when new drugs or medicines are prescribed.

In addition to prescription medicines and drugs, there are many other things in your pharmacy which could be hazardous to health.

COSHH stands for 'control of substances hazardous to health'. This is an important set of regulations designed to protect you, your colleagues and customers from hazardous substances. Any company which uses such a substance has to:

- identify and control it
- minimise risks from exposure to it
- provide all the information and training required.

Continued on p34 ►

New year skin care

Win a day at a top London health club!

Christmas in the pharmacy is one of the busiest times of the year and it is one time when the pharmacy assistant, as health and beauty advisor, is called upon to suggest toiletries and presents and recommend remedies for the festive break. However, January and February are also a busy time for the pharmacy team as the cold, dark months bring a host of common ailments.

For the 12 million or more people in the UK who suffer from cold sores this can be a particularly distressing time of year. Colds and flu are more prominent in the winter months and, along with feeling tired after the party season, can often be "trigger" factors for cold sores. Caused by the Herpes Simplex virus, cold sores can be easily spread by kissing - something your customers will be very aware of after the recent round of socialising.

January is one of the most stressful months, with people generally feeling low after Christmas and the strain of returning to work. The result is that people get run down more easily and are more susceptible to illness. Along with the requests for cold remedies, tonics and vitamins, remind your customers to keep some useful items, such as Zovirax* Cold Sore Cream,



to hand so that they can treat minor problems in the early stages. Remind them if they suffer from cold sores, using Zovirax* Cold Sore Cream at the tingle stage can prevent the cold sore from appearing, and if the cold sore is developed can speed up the healing process.

Cold sore do's and don'ts

DO Always wash your hands after touching cold sores, or applying medication to them, as they are highly infectious
DO Avoid touching your eyes. Women should be especially careful when applying make-up

DO Avoid kissing, especially children, when you have had a cold sore
DON'T Use saliva to wet contact lenses
DON'T Break the blisters or pick the scabs. Not only can you infect your fingers with the virus but you may infect your cold sore with other bacteria
DON'T Share your eating and drinking utensils
DON'T Share your towel with others.

To help with general tips to keep skin and hair in good condition, a nutritious diet, exercise and plenty of sleep are key ingredients to feeling and looking your best for New Year. Your customers may find the

Cold sore triggers

- Colds and flu
- Feeling run down
- Stress
- Menstruation
- Emotional upset
- Bright sunlight
- Stomach upset
- Fatigue
- Physical injury

following hints useful as part of a New Year's health regime:

Hot lip tips

L - Remember that the skin on the **lips** is very sensitive and needs special attention
I - Invest in some beauty sleep to prevent dull and

Defence with Zovirax^{*} Cold Sore Cream

tired looking skin

P - Protect your lips with moisturiser and balm to prevent chapping and cracking

C - Carry Zovirax^{*} Cold Sore Cream with you at all times to treat the cold sore before it develops

A - Fresh air and exercise oxygenates the tissues and keeps the skin looking healthy

R - Remember that stress affects your looks and can cause cold sores, so try to keep calm

E - Eat fresh fruit and vegetables to stop you getting run down and to give your skin the nutrition it needs.

However, if a customer is unfortunate enough to suffer from a cold sore just before an important event, particularly with Valentine's Day coming up, suggest they try out the following:

♦ Apply some stick concealer direct to the cold sore and blend in well.

♦ Apply a thin layer of foundation over the top and set with powder.

♦ Women could then apply the usual shade of lip colour - a different shade will only draw attention to the lips.



The Competition

Pampering Prizes - win a luxury prize and indulge yourself after the Christmas rush!

The first prize winner will receive a voucher for a day's visit to The Sanctuary, an exclusive, all female health and beauty club in London's Covent Garden. The Sanctuary has a beautiful pool, and the lucky prize

winner can choose from treats such as facials, herbal body wraps and aromatherapy massages.

Men can work out for a day at a top London health club of their choice, with vouchers for sauna, jacuzzi and massage facilities.

The runner-up prize, for the ladies, will be a make-over from a top make-up artist or a make-up lesson at a local health and beauty salon. The men can indulge in a haircut, professional shave, manicure and pedicure.

Third prize will be a voucher for a beauty treat: a manicure or pedicure for the ladies, or a designer grooming kit for the men. The voucher will be redeemable for up to three months.

How to enter:

Answer the following five questions to win one of these luxury prizes

1. What is the virus called which causes cold sores to develop?

2. Name four of the common "trigger" factors for cold sores.

3. How many people in the UK (on average) suffer from cold sores?

4. Can the virus infect other parts of the body?

5. Complete this sentence - "Treating the tingle....."

Complete your entry and send it to: OTC/Zovirax Competition, Chemist & Druggist, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Name.....

Pharmacy.....

Address.....

.....Telephone.....

For more information about Zovirax^{*} Cold Sore Cream please write to the Cold Sore Information Centre, 37 Soho Square, London W1V 5DG.

^{*}Trademark. Always read the label (contains aciclovir).



The rules

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The types of health hazard could include:

- poisoning
- skin burns and irritation
- eye burns and irritation
- asphyxiation.

Talk to your pharmacist about substances and materials which are used or available and which need extra care in handling, storage or ventilation.

When dealing with customers, remember that they will want information on materials and medicines, how to use them, which things are hypo-allergenic, health effects, etc.

Other black spots

Where else can safety be threatened in your pharmacy? The answer to this is just about anywhere — in the office, on the shop floor, in the kitchen.

Filing cabinets

The load should be spread evenly between all drawers. If the cabinet is only filled at the top, it can tip over when the top drawers are opened. Keep drawers closed when not in use: falling over a left-open lower drawer can cause a bad injury. Don't store heavy items on top of cupboards or filing cabinets.

Electricity

Make sure that electric cables are not frayed and that plugs have the correct fuse, and that they are not broken. Ideally you should remove plugs from wall sockets at the end of every day. Hundreds of accidents are caused by people tripping over telephone and electrical leads.

Falls

Many accidents in retailing are caused by people falling. Falls can be caused by worn carpets, damaged lino, blocked walkways and aisles, dark or obstructed stairways, creams and lotions spilt on floors, wet floors, badly-stacked goods — the list is endless.

Walk around your pharmacy, try to see it with new eyes, don't just take things for granted. Are there any problems which could cause falls or trips?

The shop floor

It would be ironic if a customer had an accident in a pharmacy, a place dedicated to maintaining and improving peoples' health. Many hazards lurk in the shop. Glass bottles can fall and break, heavy goods can be insecurely placed on shelves or fixtures, rough or broken fixtures can scratch hands or legs or catch in clothing, poorly balanced displays can be knocked

over. You and your colleagues should take it in turn to walk the shop and check that everything is safe and secure.

Fire

The old saying is that fire is a wonderful servant but a fearful master. Know where the fire-fighting equipment is in your pharmacy, and the emergency exits. Ask the pharmacist what procedures are to be followed in case of fire.

Remember that you have a responsibility for the safety of customers and colleagues as well as yourself.

The Loss Prevention Council gives the following statistics for the causes of fire. A huge 49 per cent is caused by arson, but of the other 51 per cent many could be prevented by regular and careful hazard spotting and by simple rules for such things as smoking and the use of electrical appliances.

Accident reports

No matter how careful you are in your pharmacy there can always be the occasional accident. You need to know exactly what to do if one occurs.

Your pharmacy has a duty to keep proper records of any accidents and to notify the authorities of any major accident or dangerous occurrence.

Minor injuries, such as cuts and bruises, must be treated and noted. Major

accidents include broken bones, loss of a hand or foot, or part of a finger or toe, or anything which keeps an individual in hospital for more than 24 hours.

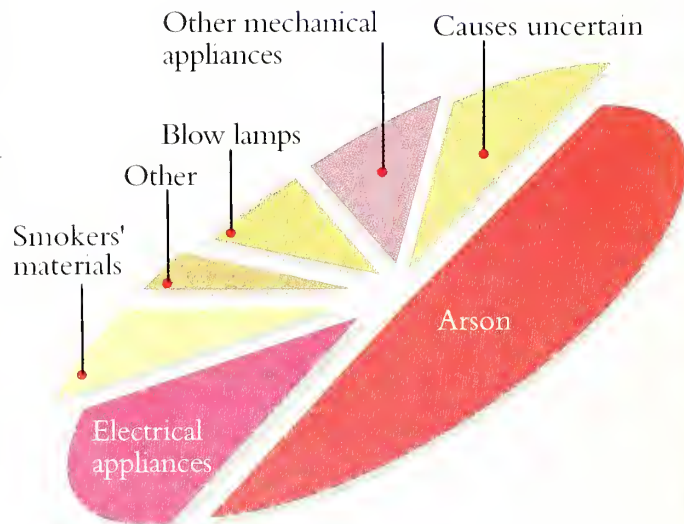
If you do not already know, find out where the

needs to be done to prevent it happening again.

Staying safe

If you want to meet your legal responsibility for health and safety and to play your part in keeping your

Causes of fire



pharmacy accident book is kept and how major accidents should be reported.

You should also watch out for dangerous incidents. This is when something goes wrong, but luckily nobody is hurt — things might not turn out so well next time.

If a dangerous incident occurs, treat it in the same way as you would an accident. Try to work out how it happened and what

pharmacy free from hazards, keep your eyes and ears open. If you see a potential problem, do something about it or ask your pharmacist to do so. Don't forget to check that action has been taken.

Remember that staying safe and healthy at work is very much a matter of knowing what can go wrong and working with your colleagues to prevent it from doing so.

Hazard spotting

Good housekeeping and tidiness are essential parts of having a healthy and safe workplace. A tidy workplace is usually a safe one. You can help to make your pharmacy a safe place to work and to shop.

Every year, 50,000 people are seriously injured at work by falling over, stepping on or striking against objects. Good housekeeping could prevent many of these. Work out a rota with your colleagues so that every week one of you spends a few minutes checking for hazards. You know your premises best, so why not work out a hazard-spotting checklist which you can all use? The sorts of hazards you could keep an eye out for include:

• Electricity

Trailing flexes, overloaded power points, frayed wiring, plugs which feel warm in use, plugs or electrical items which spark, electrical equipment too close to water. Is your lighting good enough for safe working and safe movement from place to place?

• Floors and stairs

Are all floors and stairs clean and free from litter? Is carpet or floor/stair covering properly secured and free of holes or very worn patches? Are floors free of spillage, oil grease, cream, etc?

• Fixtures and aisles

Are fixtures properly filled, eg heavy items at the bottom? Are fixtures free of splinters, cracks and broken surfaces? Are aisles kept free?

• Fire

Is smoking restricted to identified areas? Are cigarette ends put in ashtrays and not into wastepaper bins? Are electric fires and temporary heaters turned off at night or when not in use? Are there sensible rules for the use of electrical equipment? Is the fire exit kept clear and unblocked?

• Merchandise

Are all glass bottles carefully positioned on shelves and fixtures? Is glue and solvent-based material separately stored? Do all staff know the health hazards relevant to different merchandise groups? Are customers always given clear and complete instructions about how and when to take medicines or use the counter products?

The right time for a tonic



When recommending a tonic to customers this Winter, why not consider Seven Seas Vitamin and Mineral Tonic. By entering Seven Seas' Tonic competition you could win £250 worth of M&S gift vouchers

recognised as important appetite restorers and are used in Seven Seas Tonic in conjunction with iron to help restore appetites and get the body on the road to recovery.

All these vitamins and minerals are contained in Seven Seas Vitamin and Mineral Tonic and the pleasant tasting natural orange flavoured liquid can be taken either on its own - one 10ml dose three times daily - or in diluted form.

There are now three sizes of the Vitamin and Mineral Tonic available: 500ml (£4.29), 300ml (£3.19) and a new trial size 150ml (£2.09).

The competition

Twelve OTC readers can win Marks & Spencer gift vouchers by answering the following questions. The first correct entry will win £250 worth of vouchers; the next correct one £100 and the following ten correct entries will each receive £10 worth of vouchers.

With Winter comes the prospect of customers who are feeling generally run down and lethargic, looking for something to perk them up. If these feelings can be attributed to a recent cold or bout of 'flu, one of the best recommendations is a tonic.

Questions to ask

- Has the customer recently had a cold or bout of 'flu?
- Has the customer lost his/her appetite?
- Does the customer feel tired and generally run down?

Why recommend a tonic?

- Because common colds and 'flu which attack the body's defence system leave us susceptible to further infection, so the body can benefit from a tonic.

- A tonic which contains a careful balance of the right vitamins and minerals without the use of artificial stimulants is the most natural type.

Seven Seas Vitamin and Mineral Tonic is a licensed product for restoring vitality when tired or run down and contains both vitamins and minerals which are essential for the normal functioning of our bodies. They are necessary for our vitality and general well-being, making them the most important and natural way to remove lethargy.

Vitamin types

- **Vitamin A** is one of the most important vitamins for helping to repair the skin and all the surface tissues, including the mucus membranes. Foods which are rich in vitamin A include fish liver oils, liver, carrots, green and yellow vegetables, eggs, milk, dairy products and margarine.

- **Vitamin D** is another important vitamin for the body's recovery process. Like vitamin A, it is a fat soluble vitamin and is vital for the absorption of vitamin A. Good sources include fish liver oils, oily fish such as sardines, tuna and herrings, milk and dairy products.

- **Iron** is one of the most important sources of energy in our body - it helps in the production of haemoglobin, which carries oxygen around the body, preventing iron-deficiency anaemia. It plays an important role therefore in preventing fatigue and can help restore appetites following illness. Foods rich in iron include offal such as liver and kidney, red meat, egg yolk, nuts, beans, oatmeal and green vegetables such as spinach and asparagus.

- **Calcium glycerophosphate** and **potassium glycerophosphate** are

The rules

1. This competition is open to UK pharmacy assistants only. 2. It is not open to employees of Seven Seas, their families or agents. 3. All entries become the property of Seven Seas. 4. Only one entry per person is allowed. 5. The closing date is February 15, 1995. 6. Entries received after this date will not be acceptable. 7. No alternatives, cash or otherwise will be given as prizes. 8. The editor's decision is final and no correspondence can be entered into.

Questions

1. Which two vitamins are contained in Seven Seas Tonic?

2. Seven Seas Tonic contains no artificial stimulants - true or false?

3. Name the symptom of iron deficiency

4. Name two foods rich in both vitamin A and D

5. What is the recommended daily dosage of Seven Seas Tonic?

6. What sizes of Seven Seas Tonic are available?

Send your entry to OTC/Seven Seas Tonic Competition, Chemist & Druggist, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date is February 15, 1995.

Name.....

Pharmacy.....

Address.....

.....Telephone.....

Take the heat out of colds

It's that time of year again — when all your colleagues are off with the self-same cold that's afflicting your customers. Marianne Mac Donald looks at how you can fight back

Imagine sweltering in the heat of your very own paradise isle. A host of servants cater to your every whim, no matter how outrageous. And, best of all, it's all paid for by other people's colds!

Ah yes, the elusive cure for the common cold. Almost everyone has their own 'cure' that they swear does the trick. If only they could get it onto the market! Well, it's a financial bonanza that makes the lottery look as appealing as used tissues.

So, why is it, with so many colds and so many 'cures', that we still find ourselves trying to keep the snuffles at bay?

Cold comfort

The answer is that colds can be caused by one of over 200 different viruses, the most notorious being the *rhinovirus* family. So, if you suffer the average two colds per year, then, in theory, you would need to live to be over 100 to build up immunity to all of them.

However, nature isn't that simple; immunity after a cold is short, so you'll never be fully protected. If it's any consolation, re-infection from a virus you've had before does produce a much milder cold.

With so many different viruses responsible, it's easy to see why vaccine development is impossible. Even though there's only three flu viruses, each year the flu vaccine has to be re-formulated to take into account the different strains in the atmosphere. Now imagine the problem of juggling umpteen strains of 200 cold viruses!

Another cold mystery is why some people seem to suffer more than others. Age is a major factor. According to Dr Ron Eccles, director of the Common Cold and Nasal Research Centre in Cardiff, young people suffer between three to five colds per year (and children can suffer as many as eight) because they have less immunity. By the time we

reach late middle age this drops to two.

Unlikely

We can't fight against our age, however hard we try, but we can fight the cold war in other ways.

The old adage "feed a cold and starve a fever" has some truth in it: a poor diet can make you more susceptible to catching the cold, and more inclined to suffer worse symptoms. Likewise, if you're feeling a bit under the weather or coping with a lot of stress — the pamper factor should never be underestimated! Smokers are also prone to suffer more.

Less controllable factors which can make your cold more miserable include other medical conditions.

If you're an adult you're more likely to catch a cold in the winter months, while children, with their developing immune systems, tend to suffer all year round. One noticeable peak is when children return to

Colds through the ages

Neanderthal man may have worried about how to catch his next meal, but he never had to worry about catching a cold. Our predecessor didn't suffer colds, and no, it wasn't because he was considerably hairier than his modern counterpart.

Neanderthal man was spared because the world's population was smaller and he lived in a rural environment. When man became a city boy, around 5,000 years ago, the cold virus was born.

Iraq may seem like an unlikely birthplace for the common cold, but it was the first civilisation to have cities of around 300,000 people — enough of a population to ensure the virus thrived.

school after the summer break. And, almost inevitably, they come home to give it generously to mum and dad!

If you do catch your annual cold, then you'll know all the symptoms:

- a sore throat about eight to ten hours after infection
- a well-developed cold after 24 hours with a blocked runny nose. This is caused by swelling of the nose lining which then produces excess mucus
- headache if the sinuses are also congested
- possibly a cough.

People are usually infectious for up to 24 hours before symptoms really begin and for around five days after. But sometimes you can have colds without the full-blown symptoms.

Back to Dr Eccles: "Saying you get three to four colds a year is just a symptomatic common cold; you may get six or seven." Remember that sore throat you put down to air conditioning? It may have been a cold.

Fight back

It doesn't matter what you do, or what you take, a cold will last for around seven days. So why bother taking anything at all?

A lot of people don't, preferring to wrap up warm and eat and drink plenty. For those that need extra help, there is an array of products geared at offering symptom relief, making life a lot easier to cope with.

Boning up on the various ingredients in the many cold remedies available over the



Common Cold and Nasal Research Centre, Cardiff

Initial screening of a volunteer by the medical officer at the Common Cold and Nasal Research Centre

Continued on p38 ►



A MAJOR ADVANCE IN COLD RELIEF IS HERE

For the first time ever, ibuprofen and pseudoephedrine come together in a unique formulation to give outstanding efficacy.

New Nurofen Cold & Flu has been shown to outperform a paracetamol-based combination in the relief of major cold and flu symptoms¹:

BLOCKED NOSE AND CONGESTION.

The proven decongestant, pseudoephedrine, in Nurofen Cold & Flu makes it effective in relieving these symptoms¹.

SINUSITIS.

Ibuprofen's analgesic and anti-inflammatory action, accompanied by pseudoephedrine's proven decongestant efficacy makes Nurofen Cold & Flu more effective, after 3 hours, than a paracetamol / phenylpropanolamine combination¹.

FEVER.

Ibuprofen provides greater and longer-lasting relief of fever than paracetamol².

SORE THROATS.

Since these are often associated with inflammation,

ibuprofen's superior anti-inflammatory properties make it more effective than paracetamol in the relief of sore throats.

HEADACHES AND OTHER ACHES AND PAINS.

Ibuprofen has been shown to be more effective than paracetamol in the relief of headaches³ and other aches and pains.

When your customers are suffering from colds or flu, you now need only one recommendation: Nurofen Cold & Flu.

NUROFEN COLD & FLU. . . LEADING THE WAY IN COLD RELIEF.

Continued from p36

counter will pay dividends both for the customer and the pharmacy.

Did you know that more than 65 per cent of cold sufferers come into the pharmacy for advice, with 90 per cent of these acting on the pharmacist's recommendation? And your's is the first friendly face they see through their red-rimmed, watering eyes!

• Decongestants

These are the mainstay of treatment as the blocked-up feeling of nasal congestion with the accompanying, and not very attractive, runny nose have been identified as the most bothersome aspects of a cold. Decongestants are divided into four types: rub, inhalant, oral and topical.

• **Inhalants**, such as Karvol, Olbas Oil and Tixilyx Inhalant, are very popular for use in children. Parents perceive this as a very safe method, and it bypasses children's suspicions of the medicine spoon!

Inhalants contain a mixture of volatile oils, such as menthol, eucalyptus, camphor and wintergreen, and are used by dropping liquid onto a handkerchief or pillow, or using as a steam

inhalation.

Advise customers never to put them directly onto skin as burns can occur with prolonged contact. And remember they cannot be used in children under three months of age.

• **Chest rubs**, like Vicks

Vaporub and Mentholatum Balm, incorporate volatile oils in an ointment base for applying directly onto the skin or for use as a steam inhalant. Again they cannot be used in children under three months, or six months in the case of Vicks



themselves appear to cause congestion with prolonged use. Advise customers not to use them for longer than one week. Fortunately, that's the normal duration of a cold.

• **Oral sympathomimetics** also narrow blood vessels — both in the nose and elsewhere in the body. This can cause problems as they may increase blood pressure and heart rate.

Because of this, they should be avoided in patients who suffer from high blood pressure or heart disease. They also interact with a range of medicines so patients should be referred to the pharmacist.

Although oral sympathomimetics do not cause rebound congestion they do have other side effects. These include headache, anxiety, giddiness, sleeplessness and dry mouth.

The most commonly used oral decongestants are pseudoephedrine, phenylephrine, ephedrine and phenylpropanolamine.

• **Antihistamines** are often used in cold remedies as histamine is one of the products produced when inflammation occurs. Using an antihistamine reduces nasal inflammation and so helps dry up congestion. Generally they are combined with sympathomimetics to give a dual action.

Most of these products use the older antihistamines which tend to cause drowsiness, such as diphenhydramine (in Benlyn Four Flu), chlorpheniramine (Contac 400), promethazine (Night Nurse) and triprolidine (Actifed).

As most patients buy cold remedies in an attempt to 'keep going' it's best to check whether they really want something that might make them doze off in the middle of the day!

Again, take care that the patient is not on any other

Continued on p40 ►

SPRING TRAINING SEMINAR FOR PHARMACY ASSISTANTS

An Introduction To Homoeopathy

Weleda are delighted to announce a free training seminar specially tailored to the needs of the pharmacy assistant. For dates and further details, please call Sandra Mount on 01159 309319



Anthroposophic & Homoeopathic Medicines & Natural Bodycare Products
Weleda (UK) Ltd, Heanor Road, Ilkeston, Derbyshire DE7 8DR

Vaporub.

• **Topical decongestants** use sympathomimetics which mimic the effects of that part of the nervous system which causes narrowing of the blood vessels. Topical decongestants are applied direct to the lining of the nose, reducing blood flow and consequently inflammation and mucus production, making breathing easier.

Ephedrine nose drops 0.5 per cent are said to be the mildest. For a stronger effect recommend xylometazoline (eg Otrivine, Vicks Sinex), phenylephrine (eg Fenox) or oxymetazoline (eg Afrazine).

While topical sympathomimetics are very effective, they do cause rebound congestion. In short, the products

Refer to pharmacist

Refer to the pharmacist if patient has:

- discharge from ears
- painful cough
- failure to get better in one week (may not be a cold, it may be hayfever or atopic rhinitis)
- mucus becomes green or yellow or condition worsens — patient may have a bacterial infection requiring antibiotics
- children less than three months with difficulty in breathing
- children less than six months who are feeding poorly or have weight loss



THEY'LL SEE IT, THEY'LL HEAR IT, THEY'LL BREATHE IT.

Quite simply wherever your customers go this winter Olbas goes too.

Our biggest ever £300,000 television campaign in the Granada, Merseyside, Yorkshire and Tyne Tees regions, backed by another £400,000 national press throughout the UK, as a point of sale package will bring sales rattling through your till. There'll be no getting away from the power of Olbas this winter.



So get stocked up through Dendron (Tel: 01923 229251) or your local wholesaler.

Olbas®

THE POWER TO BREATHE
THE POWER TO SELL



LEADERS IN NATURAL HEALTHCARE

Registered trademark and product licence held by G. R. Lane Health Products Ltd., Sisson Road, Gloucester GL1 3QB. **Active Ingredients:** Camphor Oil BPC 18.50% w/w, Clove Oil BP 0.10 w/w, Eucalyptus Oil BP 35.45%, Wintergreen Oil BPC 49.3.70% w/w. **Directions:** 1. By application to the skin. Apply gently to the chest and throat daily. By inhalation. 2. Adults and children over 1 year old. Sprinkle over 3 drops on a handkerchief or 3 drops in a bowl of water and inhale the vapours. 3. Children under 1 year old. 1 drop on a handkerchief or 1 drop in a bowl of water and inhale the vapours. **Indications:** 1. By application to the skin. Symptoms: colds, flu, pain and aches, including backache, neuralgia, rheumatism, toothache and rheumatic pain. 2. By inhalation. For the relief of bronchitis and nasal congestion caused by colds, catarrh, influenza and hay fever, rhinitis and minor interference with the respiratory tract. Route of administration: By inhalation or external application. **Precautions:** For inhalation or external application only. Not for ingestion. Not for use in children under 1 year old. **Legal Category:** General Sale List. **Packs:** Bottle 10ml & 128ml (4 fl. oz. & 4.25 fl. oz.). **Price:** 85p & 1.25 (incl. VAT).
STILLES Registered trademark and product licence held by G. R. Lane Health Products Ltd., Sisson Road, Gloucester GL1 3QB. **Active ingredients:** Peppermint Oil BP 1.12%, Eucalyptus Oil BP 1.16%, Juniper Berry Oil BPC 19.49.0.367%, Wintergreen Oil BPC 19.49.0.367%, Clove Oil BP 0.10%, Menthol BP 0.10%. **Directions:** Dissolve one pastille slowly in the mouth when required. **Indications:** For the symptomatic relief of colds, coughs, catarrh of the throat and flu, catarrhal headache and nasal congestion. **Precautions:** For symptomatic relief of colds only. Not for use in children under 7 years. Do not take more than 8 pastilles in any 24 hour period. Not suitable for children under 7 years. **Legal Category:** General Sale List. **Packs:** 45 & 100 (incl. VAT). **Price:** 67p & 1.45 (incl. VAT).

Continued from p38

medication as antihistamines do interact with a number of drugs, in particular those which cause drowsiness.

Analgesics relieve the pain of sinusitis and headache and bring down fever, although this symptom is more common among flu sufferers.

The best analgesic to recommend depends on the person, and type of pain it is intended for:

- aspirin is good for aching, muscle pain as well as reducing fever. It cannot be used in children under 12 because of the risk of contracting Reye's syndrome, and in asthmatics, people with stomach problems or those who are allergic to aspirin
- the non-steroidal anti-inflammatory drug, ibuprofen, acts in a similar manner to aspirin, although it is claimed to be faster acting. Again, it cannot be used in asthmatics or those with stomach problems. It should also be avoided in people who are allergic to aspirin as there is a risk that a similar reaction may occur with ibuprofen use.

Unlike aspirin, it can be used in children under 12, following the introduction of an ibuprofen syrup (Junilen) last year.

- paracetamol does not reduce pain associated with inflammation, but it does combat fever. The hidden danger is one of overdose where paracetamol builds up in the liver causing damage and occasionally leading to death.

To avoid this, always make sure the customer knows the importance of taking the correct dose.

Multiple attack

With such a variety of different symptoms, it's easy to see why taking a pill for every cold ill makes customers feel like a walking medicine cabinet. That's why manufacturers are turning their attentions to magic bullets: one spoonful or tablet deflects the worst a cold can throw at you. Usually these products combine a decongestant, an analgesic and possibly an antihistamine.

For convenience, they're wonderful, but they're not without problems. There's the danger that customers may buy more than one cold product, all containing similar ingredients, to use at the same time. Why stick to one magic bullet when two would do even better, they think.

Do toddies work wonders?

Is there any truth in old wives' cold remedies? Dr Ron Eccles, director of the Common Cold and Nasal Research Centre, lays some myths to rest.

Hot drinks: "A hot drink without any medication will promote salivary secretion and provide relief, but only for about half an hour," says Dr Eccles.

Salivary secretion is controlled by the same area of the brain that operates the respiratory tract. Encouraging salivation switches on secretion in the respiratory tract, soothing inflammation.

Dr Eccles suspects that manufacturers use this in their coldcare drinks as they will soothe the inflamed throat. Flavour also has an effect as the more savoury a drink, the more stimulating, and hence more effective. But hold your breath for his top tip: "A peppery-type drink would promote a lot of saliva."

Hot toddies: If hot drinks are a good idea, then hot toddies are an even better one?

"Hot toddies will make you more congested, but only when you lie down, not when you're sitting." In other words: avoid alcohol before going to bed as it

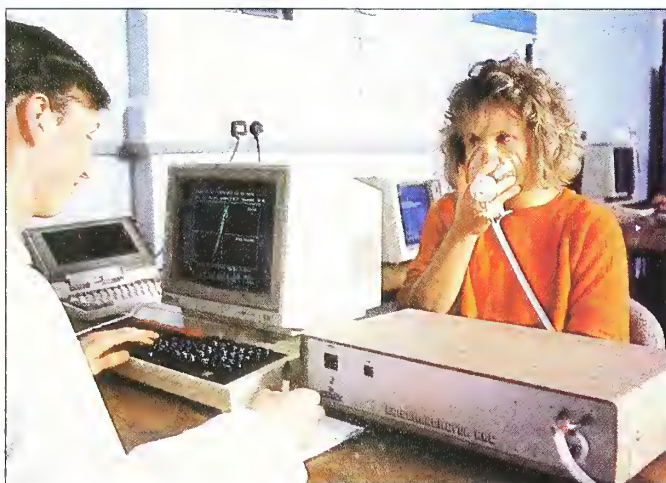
could make congestion even worse.

Vitamin C: "The latest review indicates that vitamin C does not prevent you getting a cold. What it does do is ameliorate the symptoms — but only when above a dose of 1.2g per day."

At this dose, vitamin C acts not as a simple vitamin, but as an anti-oxidant, mopping up free radicals. These radicals are produced by white blood cells following cold-induced nasal inflammation.

Zinc gluconate lozenges:

"Trial results are both for and against. But I wouldn't rule it out as being effective." The main problem with these lozenges is they don't come into direct contact with the infected area in the nose. But Dr Eccles suspects they may have an indirect effect by promoting salivary secretion, like hot drinks. **Garlic:** Garlic, like vitamin C is known for its anti-oxidant actions, and this may be its main contribution to cold care.



Measuring nasal congestion with a rhinomanometer at the Common Cold and Nasal Research Centre

But a decongestant plus another decongestant will have an even greater effect on blood pressure and heart rate. And of graver concern is the danger of paracetamol overdose: a mixture of two or three different products, all with paracetamol, taken at the same time or taken regularly for a number of days, may be fatal. Alarm bells should always ring if a

customer buys a number of cold products.

High-tech future

But magic bullets are popular with consumers, and manufacturers. And their popularity looks set to continue. Dr Eccles reveals that the Cold Research Centre is looking at products to "control a whole bunch of symptoms."

Attracting a great deal of interest is the combination of an NSAID, like ibuprofen, with a decongestant. This double act is currently only available in Nurofen Cold & Flu.

Topical products which act directly on the nose are also being investigated by Dr Eccles' team. "We are looking at different types of nasal spray to look at ways of delivering liquids into the nose," he says.

But there may be even more novel approaches in the future. Professor Jack Gwaltney of the University of Virginia believes there may be a need for specific anti-viral drugs which act on the virus, trying to stop its spread. But, if such a drug is produced, the cost is likely to be very off-putting indeed.

The last word on a possible cure goes to Dr Eccles. "There are quite a few people who do telephone us saying they have a cure. But they believe there's a lot of money in this and they don't want to divulge it!"

Sing away a sore throat!

National Gargling Week January 30 - February 5 1995



January 30 1995 marks the first day of TCP's second National Gargling Week, during which the antiseptic brand will be promoting the benefits of gargling to help sore throat sufferers. A £1.5 million national Press advertising campaign, plus promotions through women's magazines, newspapers, radio and TV, will raise awareness of how simple and effective gargling with TCP is as a traditional self-medication for sore throats.



Gargling is simple !

You can help your customers with sore throats by recommending gargling with TCP Liquid Antiseptic. Here are some simple guidelines to pass on:

- ✱ Dilute one part TCP with five parts tap water in a cup or glass
- ✱ Take a mouthful of the diluted TCP solution and extend the neck by pushing the head back
- ✱ Sing an "aarrh" sound or your favourite song if you prefer!
- ✱ After gargling with the solution for 5-10 seconds, spit it out!
- ✱ Repeat the routine once or twice. You should do this twice a day.

If the throat is very painful, advise the customer to gargle more often rather than taking a more concentrated solution, and remind them to always read the label.

TCP Antiseptic Liquid has a unique Dual Action formula with antiseptic and local anaesthetic properties which help fight infection and soothe the pain of sore throats.

Free for you

Why not request copies of a free leaflet on how to gargle to give to customers during National Gargling Week? Please write to : NGW/OTC, Charwell Health Care, Charwell House, Wilsom Road, Alton, Hampshire GU34 2TJ.

The prize

Win a personal CD player plus 20 CDs for runners up. Last year, TCP found out the public's favourite gargling

The rules

This competition is open to UK pharmacy assistants only. It is not open to employees of Charwell Health Care, their families or agents. All entries become the property of Charwell Health Care. Only one entry per person is allowed. The closing date is February 10 1995. Entries received after this date will not be acceptable. No alternatives, cash or otherwise will be given as prizes. The editor's decision is final and no correspondence can be entered into.

theme was Nessun Dorma by Luciano Pavarotti. TCP now want to find out Britain's favourite tune among pharmacists and counter assistants countrywide - so let us know what gets *you* gargling!

ENTRY FORM

Tick one of the following and explain your choice in not more than 15 words:

1. "She loves you yeah, yeah, yeah", by The Beatles
2. "The winner takes it all", by Abba
3. "Careless whisper", by George Michael
4. "Bohemian Rhapsody", by Queen

All entries will go into the draw on February 10 1995. The winner will receive a personal CD player and a Whitney Houston CD, and there will be 20 runner-up prizes of the CD.

Return the entry form to TCP/OTC competition, Charwell Health Care, Charwell House, Wilsom Road, Alton, Hampshire GU34 2TJ.

Name.....

Position.....

Pharmacy address.....

Postcode.....

Luxuriating in a hot bubble bath, painting your toe nails cherry red, giving your partner a back rub — all ways of pampering your body (and his!) that needn't cost the earth! Liz Jones presents the OTC official guide to the budget body beautiful

First put the 'Do not disturb' sign on the bathroom/bedroom door — preferably both — make sure you've set the video on the right channel and put the answering machine on. To paraphrase Captain Scott of the Antarctic, 'you may be gone for some time...!'

To set the scene, dim the lights and light a scented aromatherapy candle — lavender or sandalwood will help you relax. Now let the pampering commence!

Head start

You could get the ball rolling with a head massage. This benefits both your scalp and hair condition. You can do it with or without the aid of a scalp oil, but if your hair or scalp is dryer than you'd like, then an oil will prove more beneficial. Tisserand supply a scalp oil (100ml, £4.90), containing myrrh and palmarosa, which should be used on wet hair.

Begin the massage (with or without oil) with a gentle stroking action and work from front to back using both hands. Alternate straight movements with circular ones. Then apply more friction using the fingertips (pretend you're washing your hair). If you are using an oil, work it along the length of your hair and leave for 10 minutes. It should then be shampooed without rinsing off.

Which brings us onto the subjects of shampoos and conditioners. We all know our tresses are our crowning glory, but with more and more of us subjecting them to the daily blast of the hair dryer (for the 'medium' heat setting read 'mega-frizz'), it could probably do with an extra bit of TLC. If you have used a scalp oil then you won't need to condition it too. But if not...

There's a plethora of



Go on pamper yourself...and your pocket!

moisturising/conditioning shampoos and intensive conditioners out there. But if you fancy a change, how about a 'face mask' for your hair. St Ives has recently come out with its Wet Essential range which includes a Moisture Soak shampoo (330ml, £4.45) and a sachet of 2 Minute Moisture Conditioner (25ml, £1.45). It uses a liposome delivery system to allow its active ingredients (panthenol and glycerin) to penetrate deeper into the centre of the hair shaft. Don't let the words 'For critically dry hair' put you off. The moisture conditioner treatment or the enticingly named Moisture Drench Rinse (£4.45) will give your hair a boost, no matter what its condition.

It's probably best, in the

long, run to invest in a good brush to care for your hair too. Mason Pearson has been making hair brushes since 1879 and says the type of brush you use should depend on the texture of your hair. A bristle-and-nylon mixture suits the majority, they say, but very wiry hair may require a special all-nylon tufted brush, and fine hair an all-bristle brush.

Face up to winter

With the icy blasts from the frozen North affecting our skin at this time of year — no matter how much we wrap up — a moisturising and deep cleansing face pack wouldn't go amiss. Plus they give you that tremendously satisfying feeling of making it crack at the end of the longest 15

minutes in history. And have you ever noticed that the phone is guaranteed to ring as soon as you put one on? In fact, it is probably the best way of tempting fate to make that bloke you met last week ring up and ask you out! Still, tonight, let it ring and don't worry, you've left the answering machine on.

Remember that it is a myth that face masks give you spots. According to Tina Stainton at Network Management who makes Christy face masks, the china clay in a face mask absorbs any excess oil and also, by cleansing the pores, you are reducing the chances of getting spots. "Spots are caused by blocked sebaceous glands," she says.

Christy is a name long-established in face-packs. It has a luxury range which retails at just £0.85 a sachet! Depending on your skin type, there's Jasmin & Evening Primrose, Chamomile & Vitamin E, Cucumber & Witch Hazel and Oatmeal & Honey. It also does a Mudpack for all skin types which contains natural Fullers Earth for extra deep cleansing. And if you're still worried that a face pack will make your spots worse, then there's a Medicated Hotpack which cleanses deeply but also has an antibacterial action.

The neck step

It's important to remember that complexions don't end at the neck — especially at this time of the year when we're hiding behind polo necks and scarves. The neck is a tell tale sign of age (take a close look at Cliff Richard next time he's on the TV) because the skin there contains few sebaceous glands which usually produce oil to moisturise skin and keep it supple. More skin care companies are recognising this and



Lovely layers

You'd think the trend towards 'fragrance layering' would bust our budget. It means using a fragranced bath and shower gel or soap, a body cream or lotion, a dusting powder or talc, a perfumed deo as well as a parfum or eau de parfum — *all* in your favourite perfume!

However, OTC can reveal an interesting way around the expense. In many toiletry ranges you can buy bath foams, lotions, soaps etc, in what perfumers call 'single note' fragrances like peach or jasmine. So the trick is to find one of the dominant notes in the perfume you usually wear and buy accordingly. For example, if you love Lancôme's Trésor, then settle for rose scented toiletries. Other examples include: Anais Anais — lily of the valley; Byzance — sandalwood or vanilla; Chanel No.5 — jasmine; Escape — peach; Eternity — freesia; Jardins de Bagatelle — violet; L'Air du Temps — peach or rose.

If you're not sure of your 'notes', wear your perfume next time you are out buying your toiletries and find a single note range which complements it.

bringing out specific products. Pond's

Performance has a neck treatment cream (£5.95) which the company says can reduce dryness by up to 50 per cent in three weeks. It recommends putting the pump action bottle next to your toothpaste, so that moisturising your neglected neck becomes a natural part of your daily routine.

Bust step forward

Let's be honest, it's not just the skin on our faces and necks we want to keep firm: our bust is just as important. We may all moan that we're too big, or too small, but nothing save plastic surgery definitely not in our budget) is going to change the facts.

However, sagginess is a problem that can be addressed. OK, so this is a budget guide to looking good, but when it comes to bust treatments, there's no getting away from Clarins. Clarins Bust Firming Gel retails at £21 and is one in a range of firming treatments.

It doesn't promise to be a preventative treatment but advises its use as soon as skin slackening and loss of bust firmness is observed. Its firming action is attributed to the inclusion of a marine complex of algae, protein extract of tuna fish, chitin, orsetail, witchazel and oneflower.

Now if you can't bring yourself to part with such a sum, then exercise is the only answer. Ten daily pec-pushes are probably



your best bet: clench your fists, raise your arms at right angles to your body and draw your elbows across your chest so that your elbows meet. Phew!

All over again

When it comes to all over body treats then the toiletry world is your oyster — even at low prices. You can luxuriate in bubbles which cleanse, moisturise and smell of your favourite things, from damsons to dewberries.

Some of the more recent

affordable bathing luxuries include Yardley's Aromatherapy range which has a Sensual Bathing Oil (£1.49) and Laboratoire Garnier's Neutalia Moisturising Foam Bath and Body Oil (£2.99). You can also exfoliate to maximise the softening process with an exfoliating soap (Potter & Moore does an oatmeal one for £0.75) or by using your favourite bubble bath/shower gel with an exfoliating sponge (Spontex's Calypso toning sponge costs £5.15).



Oceans of lotion

There is a multitude of body lotions to choose from. One that has a novel twist is Vaseline Intensive Care's Overnight Body Treatment (£3.95), which as its name implies should be used before bed time. It is especially effective on areas which are prone to dryness, such as the shins, heels and elbows.

A cheaper alternative is good old Pond's with its Cream & Cocoa Butter and Natural Aloe Vera Revitalising Body Lotions (rsp £2.55 for 250ml).

So there you have it! Now you're feeling thoroughly pampered and relaxed, may be it's time for that other vital requirement for looking good — your beauty sleep!

Feet first

There are six simple steps to revive and refresh tired tootsies.

1. Start by rotating your feet (one at a time) clockwise and then reverse. Then flex them up and down a couple of times. Tightly curl your toes and then stretch them to release tension.
2. Put some foot lotion into each palm and grasp one foot with both hands. Crabtree & Evelyn has introduced an Aloe Foot Massage Lotion (£4.95) and Scholl has a good range of products. Gently massage the lotion all over the foot and individually rotate and massage each toe.
3. Starting at the ankle, firmly stroke and massage the whole foot, placing your thumbs on top and your fingers beneath.
4. Press and knead with your thumbs and pinch along the arch and side of the foot.
5. Don't forget the back of the heel. Massage from the Achilles tendon down to the base of the toes.
6. End by wiggling your toes — and your fingers too.

You could ask your partner to help you out — providing your feet aren't too ticklish!

Coping to do it yourself

But sometimes a little help is needed — especially when it comes to foot care. Here are some tips to help you get the most out of your feet.

1. Use a foot file to remove any dead skin and to smooth the skin. Do this regularly, after a shower. Use a foot file to remove any dead skin and to smooth the skin. Do this regularly, after a shower.

2. Use a foot cream to keep the skin soft and supple. Apply it after a shower or before bed.

3. Use a foot massage to relax the muscles and improve circulation. Use a foot massage to relax the muscles and improve circulation. Use a foot massage to relax the muscles and improve circulation.

showcase

Swimming specific shower gel

Cussons is launching a new shower gel aimed specifically at swimmers. It says Imperial Leather Swim Shower Gel is the first branded swimming-specific shower gel which cleans hair and body as well as removing chlorine and its smell.

Cussons is targeting the 22 per cent of the population who regularly go swimming in chlorinated pools. It retails at **£1.59** for 200ml.

Two other new



variants introduced by the company are Imperial Leather Shower Gel for Men and Imperial Leather Active Shower Gel. Cussons (UK) Ltd. Tel: 0161 792 6111.

Two heads more convenient than one with Sensodyne Switch

Sensodyne Switch is a new toothbrush from Stallord-Miller which has the unique feature of a replacement head. The company believes the convenience of a spare head will encourage people to change their brush more frequently. Dentists recommend changing your toothbrush at least every three months but toothbrush sales suggest that people only change them every ten months.

Switch has a flexible rubber neck that prevents too much pressure being placed on the gums while brushing, a rubberised handle for a comfortable grip, and an oval head on a narrow neck to reach the back of the mouth.

Switch is available in live colours with medium texture bristles for regular use (purple packs) or soft



bristles for sensitive teeth or tender gums (green packs).

The recommended retail of Switch, complete with one individually packaged replacement head, is **£2.79**.

Stallord-Miller are spending £1.3 million (MEAL) on a national advertising campaign which begins in April. Stallord-Miller Ltd. Tel: 01707 331001.

Planning a family naturally

The Fertility Awareness Kit offers a natural method of preventing unwanted pregnancies or helping a planned conception.

The kit, approved by the Family Planning Association, includes a video which teaches women how to determine the fertile phase of their menstrual cycle using the sympto-thermal technique. This involves monitoring changes in cervical mucus and the position of the cervix. If carried out correctly it is said to have a success rate of 98 per cent in preventing pregnancy.

The kit also includes a digital thermometer and a year's supply of charts to record temperature and cervical changes. It will be available from February, priced **£19.99**.

Wisebody Ltd. Tel: 01483 419768.

A spray a day...

A range of vitamin sprays is now available from Vitall International. The sprays deliver a metered dose, which is said to be easily and rapidly absorbed by the body, and they are suitable for people who have difficulty swallowing tablets.

Each daily dose from the Multivitamin Spray provides the total recommended daily allowance (RDA) of vitamins A, C, E, B1, B2, B5, B6, B12, D and folic acid. Vitamin C spray provides 100 per cent RDA of vitamin C and the Antioxidant Spray provides 100 per cent RDA of vitamins A, C and E.

Each spray contains one month's supply (120 applications) and has a recommended retail price of **£7.99**. Best of Health. Tel: 01753 620720.



Lil-lets extend with applicator

Smith & Nephew has extended the Lil-lets range with its first ever applicator tampon. This is a major departure for the brand which has dominated the digital tampon market for the last 40 years.

Lil-lets applicator tampons differ from their competitors as they are smaller and, like digital Lil-lets,

they are grooved. The tampons are available in two absorbencies and will initially be available in packs of 16 (Regular, **£1.75**, Super, **£1.85**).

The company is spending £5 million advertising the brand over the next year. Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.

Pick your favourite from Yardley's Fragrant Garden collection

Yardley's new bath, shower and body care collection adopts a classic English garden as its theme.

Yardley Fragrant Gardens has three fragrances: lily of the Valley from a wild garden, Rose from a traditional garden and Orchid from a Conservatory garden.

There are seven lines in each fragrance range: moisturising cream bath (200ml, **£3.50**); moisturising soap (100g, **£1.85**, a box of 3 x 100g, **£4.95**); moisturising shower cream (200ml, **£3.50**); moisturising body lotion (200ml, **£3.50**); body powder (100g, **£2.50**); body

spray (100ml, **£2.50**); and eau de toilette spray (50ml, **£5.50**).

The packaging for the range has been illustrated by Charles Penny, a British painter and print maker, and reflects the type of garden to which each fragrance is suited.

The range will be available from March and for the launch period trial 50ml sizes of the cream bath, shower cream and body lotion will be available, retailing at **£0.99**.

Point of sale material including shelf strips and in-store show cards is also available. Yardley of London. Tel: 01268 522711.

Mineral Plus range from Healthcrafts

The new Plus range from Healthcrafts combines essential minerals with nutrients, which it says can help maximise the effectiveness of the supplement.

Iron Plus, includes vitamin C, which is known to help in the absorption of iron. The sugar-free and yeast-free tablets are available in packs of 30 (£2.59).

One Zinc Plus tablet provides 100 per cent of the RDA of zinc as well as 1mg of copper (30, £2.29).

Kelp Plus is another one-a-day product in the range. It is a multi mineral combination of calcium and iodine with added iron and



zinc (30, £2.89).

Dolomite Plus is a combination of calcium and magnesium with vitamin D, which is essential for the absorption of calcium and also plays a role in

the absorption of magnesium (90, £2.69).

Calcium Plus is a combination of calcium and vitamin D (240, £3.45). Ferrosan Healthcare Ltd. Tel: 01932 336366.

Extra pain relief from Nurofen Plus with added codeine

Nurofen Plus is a new strong analgesic from Crookes Healthcare combining ibuprofen with codeine. Each tablet contains 200mg ibuprofen and codeine 12.5mg, the maximum dose allowed for self-medication. Ibuprofen is a peripherally-acting analgesic and codeine acts centrally, so Nurofen Plus can offer pain relief at two levels.

The company says the new product is specially formulated for painful conditions which require more powerful relief such as migraine, tension headaches, dental pain, cramping period pain, sciatica,

lumbago, neuralgia and rheumatic pain.

The recommended dose is two tablets initially, followed by one to two tablets every four to six hours if necessary, up to a maximum of six tablets within 24 hours.

Nurofen Plus is available in packs of 12 and 24 tablets retailing at £1.85 and £3.39 respectively.

Crookes will be supporting the new product with advertising and public relations campaigns. It has also produced a Clinical Guide and a Pharmacy Assistants Training Module on strong pain relief. Crookes Healthcare Ltd. Tel: 0115 9507431.



Anadin Maximum Strength, a 500mg aspirin formulation, has been re-packaged in order to increase the on-shelf impact of the product. The new packaging emphasises the Maximum Strength header and the strapline — the Powerful Solution to Pain — has been introduced to stress its high strength. Whitehall Laboratories. Tel: 01628 669011

Efocal for osteoporosis

Efocal is a new dietary supplement from Efamol which the company claims can help reduce the risk of osteoporosis (56, £8.99). It combines calcium with essential fatty acids (EFAs) in the form of evening primrose oil, which has high concentrations of gamma linolenic acid (GLA), and with fish oils which contain eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA).

First-time users are recommended to take our capsules daily, with a liquid, for 12 weeks, after which the dose can be reduced to two capsules daily.

Efocal is targeted at women in their mid-40s and older, who are likely to be menopausal or post-menopausal, and it is also suitable for



women on hormone replacement therapy.

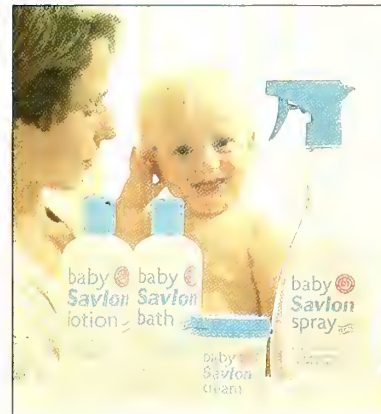
The company has included EFAs in the product because research indicates that EFAs, which are precursors of prostaglandins, can increase gut calcium absorption and decrease urinary calcium excretion. Efamol Ltd. Tel: 01483 304441.

Savlon's new baby care toiletries

Baby Savlon is a new range of baby care toiletries from Zyma Healthcare. It consists of three skincare products, formulated for everyday use on delicate, sensitive skin, as well as an anti-bacterial surface cleanser.

Baby Savlon Cream (125g tub, £2.15) is a light, water-based formulation, containing cetrimide, zinc oxide and dimethicone. It creates a barrier to moisture which helps protect the baby from nappy rash.

Baby Savlon Bath (300ml, £1.69) is an oil-free formulation containing aloe vera which is said to



moisturise the skin as well as cleaning it.

Baby Savlon Lotion (300ml, £1.75) is a gentle cleanser and moisturiser, containing humectants, which attract moisture from the air to the skin's surface, as well as almond oil and arachis oil which help seal in the moisture.

Baby Savlon Spray (500ml, £1.69) is an odourless surface cleaner containing the anti-bacterial agent, chlorhexidine gluconate. The company says the product can protect against salmonella and listeria, as well as bacteria that cause gastro-enteritis.

During 1995, virtually all new mothers will receive product information and samples.

Zyma Healthcare. Tel: 01306 742800.

Sugar-free Superted supplement

Sugar-free Superted Multivitamins and Minerals are now available (30, £2.29). The chewable, strawberry- and raspberry- flavoured tablets contain the sweetener Xylitol and are free from preservatives and artificial colours. Each tablet comprises fifteen vitamins and minerals. The unbreakable plastic packs have child-proof caps for added safety.

Ferrosan Healthcare has also produced an educational colouring



activity booklet, 'The Day In The Life of Superted'.

Ferrosan Healthcare. Tel: 01932 336366.

Streamlined look for Eskornade

Eskornade Spansules for nasal congestion have been repackaged to give greater 'on-shell impact and create a new brand identity'. The new pack is half-orange and half silver with a large capsule on the front.

The new pack is expected to attract new users to the product and Goldshield is also introducing a new pack size of 12 capsules (£3.55) to



encourage product trial.

The company is also streamlining the brand by discontinuing Eskornade Syrup. Goldshield Healthcare. Tel: 0181-684 3664.

Wound Wash from Savlon

Savlon Wound Wash is the latest addition to the Savlon range. It is an alcohol-free first aid spray, containing the anti-bacterial agent chlorhexidine gluconate, specifically formulated to be non-stinging and gentle.

Wound Wash has a double action — washing away dirt and debris from a cut or graze and helping to prevent infection by killing bacteria. The 100ml pack, with a pump spray delivery



system, retails at £1.99. Zyma Healthcare. Tel: 01306 742800.

Hungarian hat trick

Three ranges of Hungarian toiletries and cosmetics have been introduced to the UK by Intrinsic Beauty. Helia-D, Silanus and Anaconda use natural ingredients and are said to contain an unusually high concentration of essential oils.

Beauty masks (£7.39), originally developed for beauticians in Hungary, are the core products in the Anaconda range.

The Helia-D range includes a line of skin care products, containing extract of sunflower stalk; products for sensitive skin; men's, babies and hair care lines; sun preparations, and perfumes. Prices range from £4.74 for handcream to £39.64.

Silanus has families of marigold, rosemary, camomile and herb products such as body milks and shampoos. Intrinsic Beauty (UK) Ltd. Tel: 01403 891702.

Braun moves from legs to face

Silk-Epil Cosmetic is a battery-operated depilatory tool for removing facial hair (£26.99). Braun developed the product as a result of market research which found that more than half the women who regularly remove facial hair are not happy with the method they use.

Braun Silk-Epil Cosmetic is a refinement of the

Silk-Epil for legs. It features a series of rotating discs which open and close like tweezers, removing hairs as they pass over. The speed of the disc action means the hairs are removed completely and not merely snapped off. Silk-Epil Cosmetic has a small head designed to reach awkward spots, an adjustable grip on the tweezers to

deal with fine or coarse hairs, and a rotation switch.

Silk-Epil Cosmetic comes with a soothing after care cream, cleaning fluid for the epilation head and a carrying pouch.

Braun is offering a complete refund to dissatisfied customers who return the product within 60 days. Braun (UK) Ltd. Tel: 01932 785611.



THERE'S MORE TO DRY SKIN

Wash E45, an all-over emollient cleanser, and Bath E45, the long-lasting bath emollient, are just as essential for people with dry skin problems as Cream E45.

Used instead of soap, bath additives and other foaming cleansers, they continue the good work begun by Cream and

Lotion E45. Dermatologically tested, free from detergents, perfumes, preservatives and other known sensitizers, E45 products complement one another and add up to a complete emollient programme for dry skin.

So next time a customer asks for your advice on a dry

SB spend £10m on new look winter remedies

Smithkline Beecham is investing £10 million in marketing and advertising its winter remedies. A large proportion of this is to support the Beechams and Veno's brands which have been relaunched and repackaged.

Veno's cough remedy has been relaunched with new menthol formulations said to be 'more warming and soothing', with a more appealing flavour. The new packaging uses bold colours and an updated Veno's logo to increase on-shelf impact. A TV advertising campaign for the brand will run until February.

The Beechams Hot Remedies range has also been given a new look. The new packs feature colourful illustrations of the three flavours — lemon, blackcurrant, and lemon and honey.

Over the winter season the company is spending more than



£4.5 million on TV advertising and support for the Beechams brand.

• *The Cough and Cold Information Report* is a 20-page booklet produced by SB for pharmacy assistants. It

details the symptoms of colds, cough and flu, the ingredients of common OTC treatments, and when to refer patients. Smithkline Beecham Consumer Healthcare UK. Tel: 0181 5605151.

New look Sweetex

Sweetex is entering 1995 with a new formulation for its granulated variant and a repackaging of the entire range.

The new Sweetex logo incorporates a spoonful of the sweetener. The granulated's repackaging highlights the new improved flavour and emphasises its use in healthy eating.

The relaunch is backed by a £3 million support package which begins in January with national press advertising and will be followed by further ads in the women's press. One



million packs will be distributed through slimming magazines and Weight Watchers.

Almost 30 per cent of sales of artificial sweeteners are through the pharmacy sector. Crookes Healthcare Ltd. Tel: 0115 9507431.

Preconceive given GSL licence

Lanes' Preconceive Folic Acid Tablets have been granted a GSL licence which allows the on-pack claim that folic acid can help prevent Spina Bifida and other Neural Tube Defects if

taken one month before conceiving and for the first trimester of pregnancy. A new 90-tablet pack (£3.75) contains the full 12 week's course. Dendron Ltd. Tel: 01923 229251.

ARE THAN JUST CREAM.

tion, recommend the whole range to look after the whole body. For more information on the complete skin maintenance programme provided by the E45 dermatological skin range, please contact: Crookes Healthcare Limited, Bingham NG7 2LJ.



E45 DERMATOLOGICAL SKIN CARE





P&G promote Micro-D

Procter & Gamble is promoting its patented Micro-D formula in Head & Shoulders with a Freephone customer helpline and an information booklet.

Micro-D, which is now being flagged on-pack, is said to promote the anti-dandruff action of zinc pyrithione and care for hair at the same time.

The National UK Dandruff Hotline (0800 137292), in operation from February, will deal with customer enquiries and orders for the free booklet, 'Exploding the Myths'. Procter & Gamble (Health & Beauty) Ltd. Tel: 01784 434422.

Colgate Actibrush

Colgate Actibrush mouthrinse is now available in a green Fresh Mint variant which replaces the red Classic Colgate Actibrush. It is available in both 250ml (£1.99) and 500ml (£2.99). Colgate-Palmolive Ltd. Tel: 01483 302222.

Slimma-Shake

Slimma-Shake is a new meal replacement drink from Davina Health and Fitness. It is available in four flavours: chocolate; toffee; strawberry; and fruit trifle. Each

408g pack can be reconstituted into 12 servings and retails at £5.49.

Davina Health and Fitness Ltd. Tel: 01142 738090.

Milupa additions

Milupa has introduced two new savoury varieties to its range of Junior baby foods. Chicken à la King and Cheesy Tomato dry babyfoods are available in 100g packs which retail at £1.78. They contain no artificial colourings, flavourings or preservatives. Milupa Ltd. tel: 0181 573 9966.

Rheumatic remedy in a patch

Copperplast, a transdermal patch containing copper, has been developed by Robinson Healthcare for sufferers of rheumatism and arthritis.

Research carried out in Australia supports the old wives tale that placing copper next to the skin can benefit arthritic and rheumatic patients. Traditionally people have used copper bracelets or bands to obtain this effect.

The copper patches can be applied directly to any part of the body and should be replaced every seven



days. Copperplast is available in plastic wallets containing eight patches and retails at around £1.99. Robinson Healthcare. Tel: 01246 220022.



Gerard House offer Somnus and Serenity

Somnus and Serenity are two new products from Gerard House which address the problems of sleeplessness and anxiety.

Somnus is a herbal remedy containing three active ingredients: valerian, hops and wild lettuce which is said to promote relaxation and sleep. The recommended dose is two tablets, one hour before bedtime. The product is not recommended for children under 12 years.

Packaging of Somnus tablets is a distinct breakaway from the company's traditional image — a midnight blue and mauve box — but it

retains the green logo. The blister-packs of 30 tablets retail at £2.89.

The £500,000 launch is being supported by advertising on the London Underground followed by a consumer advertising campaign in women's magazines and newspapers which will run from early March.

Serenity is positioned as a natural remedy for use in anxiety. It's key ingredients are hops, passiflora and extracts of valerian. The dose is two tablets after food, three times daily. It's use is not recommended in children under 12 years. A pack of 60 tablets retails at £3.99. Gerard House Ltd. Tel: 01582 487331.

SB add soda and floss to Aquafresh

Two new products have been added to the Aquafresh brand which has been relaunched by Smithkline Beecham with new packaging.

The new toothpaste variant, Aquafresh Bicarbonate of Soda, is available in 50 and 100ml tubes (£0.99, and £1.85 respectively) and 100ml pumps (£2.19).

Aquafresh Floss (£1.59) is a new dental floss with distinctive red, white and blue stripes. It has the flavour of Aquafresh Minty toothpaste, contains fluoride and is wax-coated to make it easier to use. The floss is packaged in a clear container, the first in this sector, which



shows off the colourf floss.

All Aquafresh products now feature the new 'wave' design which the company believes updates the brand and gives it more impact. Smithkline Beecham Consumer Healthcare Tel: 0181-560 5151.



The Cannon Babysafe range has been given a new look, with colourful graphics in navy, turquoise and pink that highlight the brand name. The relaunch is being backed by a £250,000 promotional campaign. New products being launched simultaneously include 8oz and 4oz bottles with leakproof caps (from £1.29); rubber and silicone teats (£0.79 and £1.39); soothers (£1.99) and an anti-slip bath mat (£3.69). Cannon Rubber Ltd. Tel: 01787 267000.

One-steps from Ciba Vision

Ciba Vision is set to strengthen its position in the contact lens care market during 1995 with the launch of Aosept, Solo-care and Unizyme.

Aosept, already the world's biggest-selling hydrogen peroxide solution, disinfects and neutralises lenses without the need for a separate neutralising solution or tablets.

Aodisc, a platinum disc placed in the lens case, neutralises the hydrogen peroxide leaving a solution of salt and water. Lenses will have to be left soaking for a minimum of six hours. It will be available in two sizes: a 25-day pack (£8.99) and a three-month supply (£25.99).

Solo-care is the first all-in-one solution to be available in variants for soft or rigid gas permeable and hard lenses as well as one or soft lenses.

Solo-care soft is available in two sizes: a 30-day pack (£7.49) and three months supply (£17.99). Solo-care hard is only available in a 30-day pack (£5.99).

Unizyme is a protein remover tablet and is suitable for all lenses (£12.95). Each tablet has a score mark for easy breakage so it can be used in single and double chamber lens storage cases.

The company is supporting the range during 1995 with a £3.5 million support package.
Ciba Vision (UK) Ltd.
Tel: 01489 785399.



Sport in the sun with Nivea

Sportmen and women can now protect themselves from the sun with a new Nivea sub brand — Nivea Sun Sport.

The three products in the range are: an SP5 (£5.99), an SP15 (£6.49) and a block SP25 lotion (£6.99). The formulations are light, non-greasy lotions with a fresh fragrance. The 150ml packs are 'chunkier' than the usual Nivea packs and have a distinctive yellow cap.

The standard range of Nivea Sun will now be described on pack as Moisturising Sun Lotion/Cream. The

number of 400ml options has also been increased and there is now a 400ml pack size in SPF4 (£10.99), SPF6 (£11.49), SPF8 (£11.99), SPF12 (£12.49), SPF16 (£12.99) and SPF20 (£13.49).

After Sun Liposome Cream (75ml, £4.75) contains liposome microspheres which transport avocado oil and vitamin E into the skin, where they are said to help the regeneration of the skin's natural defences.

Smith & Nephew Consumer Products.
Tel: 0121 327 4750.

All-In-One cold and flu relief

Beechams All-In-One is the first GSL multi-symptom cold and flu remedy presented in a liquid form (160ml, £2.99).

Each 20ml dose of menthol-flavoured liquid contains 500mg paracetamol, 200mg guaiphenesin, and 10mg phenylephrine. The non-drowsy formulation offers relief from headaches, aches, blocked noses and chesty coughs.

The recommended dose of All-In-One for adults and children over 12 years is 20ml every four hours to a maximum of four doses in 24 hours. For children aged six to 12 years the dose should be halved (10ml). A plastic cup with 10ml and 20ml graduations is included to ensure accurate dosing.



All-In-One is being supported with a £1.5 million TV advertising campaign.

Smithkline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.

Meltus cough control in a capsule

Seton Healthcare has launched a new Pharmacy product: chewable liquid-filled Meltus Cough Control Capsules (10, £2.59). The strawberry-flavoured, sugar-free capsule contains the cough suppressant dextromethorphan hydrobromide and is suitable for adults and children over 12 years.

Each capsule is said to control coughs for four hours. The maximum dose is six capsules in 24 hours.

The capsules are contra-indicated in patients on monoamine oxidase inhibitors (MAOIs),

used to treat depression, as such drugs may interact with dextromethorphan. Seton Healthcare Group plc. Tel: 0161 652 2222.

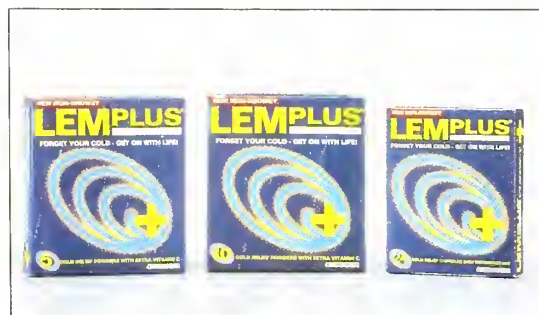


Cold relief with Lemplus

Lemplus capsules and powders are two GSL products for the relief of cold symptoms.

Each capsule contains 500mg paracetamol, 50mg caffeine and 10mg phenylephrine. The recommended dose for adults and children over 12 is one or two capsules every three to four hours to a maximum of eight in 24 hours (£2.09).

Each sachet of Lemplus powder



contains 650mg paracetamol and 50mg vitamin C. The recommended dose for adults and children over 12 is one sachet

every four hours to a maximum of four in 24 hours (five, £1.37; ten, £2.29). Adcock Ingram (UK). Tel: 01533 650350.

• **Vichy's Adaptive**
Vichy's latest moisturiser, Adaptive, is said to be the first facial cream formulated to suit combination skin.

It gives a matt effect on oily areas without drying the dry areas and hydrates the dry areas without making the oily areas worse. It will be available from February at £8.95 for a 40ml pot. Cosmetique Active (UK) Ltd. Tel: 01235 526747.

• **Tisserand Organics**
Tisserand Aromatherapy is extending its range of oils with a collection of Organic essential oils. Obtained from plant grown without the use of artificial pesticides and fertilisers, the Organic oils are aimed at a select audience. The range includes Rose Phytol and prices range from £7.30 to £99.50. Aromatherapy Products Ltd. Tel: 01273 325666.



Africa, the latest Lynx variant from Elida Gibbs, is described as 'deep and sensual with a fresh top note set on a warm Oriental base'. The new variant will be represented by a red and green icon on the familiar black and silver Lynx packaging. The company is supporting Lynx during 1995 with a £8.5 million advertising spend which will include specific support behind Africa.

Elida Gibbs Ltd. Tel. 0171 486 1200

• Healthcrafts High Strength CLO

Healthcrafts has introduced a new High Strength Cod Liver Oil (30, £2.89). Each capsule provides 1,000mg of CLO, 100 per cent of the EC's Recommended Daily Amounts for vitamins A, D and E as well as Omega 3 fatty acids. Ferrosan Healthcare Ltd. Tel: 01932 336366.

• Mycil leaflet

Crookes Healthcare has produced a consumer leaflet 'A Step by Step Guide to Healthy Feet' to raise awareness of athlete's foot.

The leaflet was written in conjunction with the London Foot Hospital and is intended to help pharmacy staff advise on the condition. Crookes Healthcare. Tel: 0115 9507431.

• Triple-headed toothbrush

Superbrush, a triple-headed toothbrush is now available from Dent-O-Care.

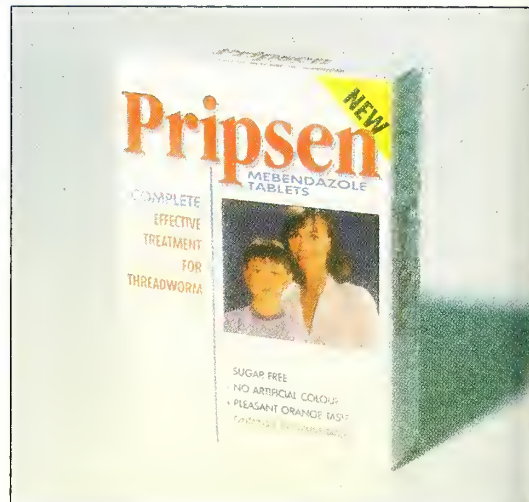
Its design is said to make it possible to clean all surfaces of the teeth in one brushing movement. Available in three sizes, it retails at £2.99. Dent-O-Care Ltd. Tel: 0181 459 7550.

Mebendazole tablets join Pripsen range

Seton Healthcare has added chewable mebendazole tablets to its Pripsen range. Pripsen Mebendazole tablets containing 100mg mebendazole are indicated for the treatment of threadworm.

The two-tablet pack, which retails at £1.89, is the only product on the market which offers a second tablet, at no extra cost, if re-infection occurs. The first dose kills the threadworm but if re-infection occurs the second tablet is taken 14 days later to kill any threadworms produced from residual eggs.

The orange flavour tablets are sugar-free and contain no artificial colours. Pripsen Mebendazole tablets are suitable for adults and children



from two years of age but their use is contra-indicated in pregnant women as they may cause damage to the foetus. Seton Healthcare is supporting the launch with pharmacy trade

promotions and an on-going public relations campaign targeted at school nurses, practice nurses and health visitors. Seton Healthcare Group plc. Tel: 0161 652 2222.

Logical approach to dental care

Dental Logic is a new range of dental care products from Philips consisting of two toothbrushes, a dental centre and a waterjet.

The key feature of the new range is a new 'soft pressure' system which is combined with the 'Clean & Clear' brush movement. With the 'soft pressure' system, if the brush is pressed too hard against the teeth, the brush head clicks back, warning the user of excess pressure. The head automatically resets to its original position when pressure is reduced to normal. This allows effective brushing without damaging the gums and teeth.

The 'Clean & Clear' brush movement moves the head of the brush in two directions at two speeds, fast longitudinal strokes to loosen the plaque and

slow rolling movements to dislodge it from the teeth.

The Philips HP600 waterjet complements the new range of brushes, and is said to improve the effectiveness of mouthwashes, massages gums and helps remove food residues. A full pressure button provides momentary full pressure to dislodge stubborn particles.

The recommended retail prices are: Philips HP400 toothbrush, £44.99; HP550 toothbrush, £59.99; HP600 Waterjet, £49.99; HP700 dental centre, £94.99; Replacement 2 bristle pack, £2.75 and Replacement 4 bristle pack, £4.95. Philips Domestic Appliances and Personal Care. Tel: 0181 689 2166.



Hc45, the 1 per cent hydrocortisone cream from Crookes Healthcare has been repackaged to highlight the indication extension to treat mild to moderate eczema. The new pack is designed to be more user-friendly, with illustrations of all the usages of Hc45 to help the customer and pharmacist identify the condition which can be treated with the cream. Crookes Healthcare Ltd. Tel: 0115 9507431



For the past two weeks I have been off work with the cold/flu bug that practically everyone I speak to has either got or is recovering from. At first not being able to talk didn't seem to be a problem — in fact, some thought it was absolute bliss! But coughing and sneezing all night and not being able to breathe properly did make my life rather miserable. Things have been made more complicated regarding treatment for my ailments because I am four months pregnant, and despite several reassurances about what is safe, I seem to be totally incapable of making a decision about just what to take. I have stuck to the easy options: honey and lemon drinks, Olbas Oil and tissues are my life savers at the moment.

The two months leading up to Christmas were very busy with dispensing but the retail side was quiet compared to previous years. This, we are sure, is due to the opening of a large shopping centre in the town. We were prepared for this.

Christmas orders were careful and general assistance was at its best at all times. This, however, did not encourage local people.

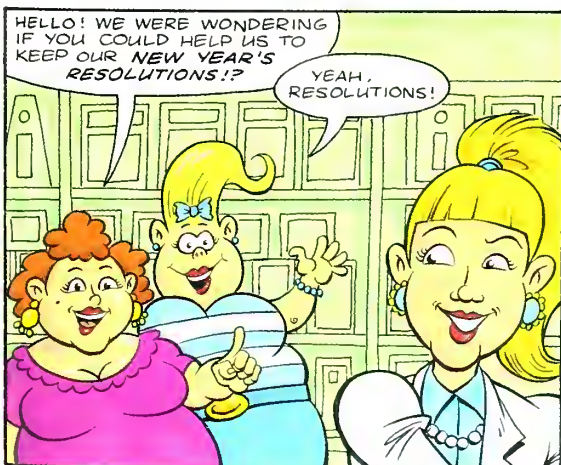
While I have been at home I have had plenty of time to read several women's magazines. I do not usually have the opportunity to read this kind of magazine in any detail, and was absolutely amazed at how much of the magazines were filled with articles about being slim and healthy. In at least three, women were photographed before and after losing vast amounts of weight and saying how much their life had changed, what it had done for their confidence and how their relationships had improved. None of them said how important changing your eating habits are or whether the weight lost was due to a fad diet and a bit of exercise.

At this time of year sales of slimming aids are high as most people seem to want a quick and simple way to lose those extra pounds gained over Christmas. Slimfast seems to provide the easy option. The advertising campaign is effective and this product seems to be first choice with most shoppers. Although the women in the magazines should be congratulated for their marvellous achievements, I wonder if the magazines' efforts would not be better spent on promoting a more healthy way of living, rather than promoting quick diets which usually have little lasting effect.

The same is true of vitamin supplements. A few glossy magazines have some good information about how much of this and that vitamin we need for a healthy existence but only how to get it from a tablet and not from a healthy diet. Surely one should promote the idea that vitamin supplements should be taken if necessary but always in conjunction with a healthy diet.

MEANWHILE...

BY BAM!



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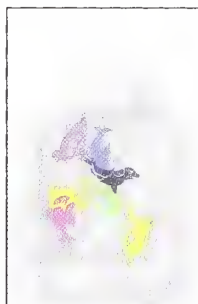


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